Editorial and Special Articles

The Manitoba Medical Association Review

Formerly the Bulletin of the Manitoba Medical Association

ESTABLISHED 1921

WINNIPEG, JUNE, 1936

Published Monthly by the
MANITOBA MEDICAL ASSOCIATION
Editorial Office
101 MEDICAL ARTS BUILDING, WINNIPEG

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Annual Subscription - $2.00

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OUR NEW PRESIDENT
DR. GEORGE CLINGAN

Dr. George Clingan of Virden was unanimously elected President of the Manitoba Medical Association at the Annual Meeting, May 15th, 1936. The name of Dr. W. S. Peters of Brandon had also been proposed but when his name was announced, Dr. Peters addressed the meeting and paid a very gracious tribute to Dr. Clingan, asking that his own name be withdrawn in order that the election of Dr. Clingan might be made unanimous.

Dr. Clingan as well as making an outstanding success of his profession, has taken an active interest in the affairs of the North West Medical Society and the Manitoba Medical Association, and has also been interested in the public affairs of his community.

From Orangeville, Ontario, Dr. Clingan went to Trinity College, University of Toronto, where he graduated in Medicine in 1892. He served one year as resident physician at the Hospital for Sick Children, Toronto, and was later appointed a member of the Honorary Attending Staff and also was part-time demonstrator in Anatomy at the University of Toronto. A few years later he did post-graduate work in London. He practiced for a few years in Toronto and then came west to Virden in 1898 where he has practiced ever since.

Dr. Clingan was a member of the Manitoba Legislature from 1914 until 1922.

During the Great War he commanded the 79th Infantry Battalion, C.E.F., from July, 1915, to July, 1916, when the unit was broken up for reenforcements in England. Colonel Clingan then transferred to the Canadian Army Medical Corps and was in command of the Canadian Convalescent Hospital, Monks Horton, near Ashford, Kent, until July, 1918, when he took over the command of No. 2 Canadian Stationary Hospital, Outreau, France, until December, 1918, when he returned to Canada.

Dr. Clingan is now First Vice-President of the Manitoba Command, Canadian Legion B.E.S.L.

During the past three or four years the Manitoba Medical Association has increased its activities very rapidly. The office of President carries with it not only a considerable honour from the medical men of Manitoba, but also a very great deal of work and responsibility.

MINUTES OF MEETING—MAY 5th

Minutes of a Meeting of the Executive of the Manitoba Medical Association, held in the Medical Arts Club Rooms on Tuesday, May 5th, 1936, at 6.30 p.m.

Present.

Dr. F. G. McGuinness	Dr. C. W. Wiebe
Dr. F. W. Jackson	Dr. F. A. Benner
Dr. W. G. Campbell	Dr. W. S. Peters
Dr. E. S. Moorhead	Dr. A. S. Kobrinsky
Dr. C. W. Burns	Dr. G. S. Fahrni
Dr. D. C. Aikenhead	Dr. W. H. Clark
Dr. W. E. R. Coad	Dr. F. D. McKenty

The Chairman advised the Executive that this meeting had been called particularly to discuss report of the Committee on Federation.

The Secretary read the minutes of the last Executive Meeting held on Thursday, March 26, which were approved.

Business Arising Out of the Minutes.

Dr. Jackson read a letter received from Dr. Routley under date of April 27th, enclosing copy of communication written to Dr. Routley by the Department of Finance, Ottawa, with regard to the Farmers' Creditors Arrangement Act, Dr. Routley having advised that they will endeavor to keep this matter alive.

Re. Federation.

Dr. McKenty being late for the meeting, the Secretary read a draft report of the Committee appointed to study this question, in which the recommendation of the Committee following a very interesting report, was that action on the proposal for Federation be deferred. —Carried.

Dr. McKenty having arrived reviewed the various phases of this report, and discussion followed.

Dr. McGuinness asked Dr. Moorhead regarding voting at Canadian Medical Association meetings, and Dr. Moorhead advised that voting was very casual. Dr. McKenty then read memorandum prepared by the Manitoba Medical Association Committee in October, 1934, which had been forwarded to Dr. Routley.

Q.—Dr. W. G. Campbell—What has been the attitude of the Council?

A.—Dr. Moorhead—Nothing.

Q.—Dr. McGuinness—How far have these suggestions been included in the Constitution of the Canadian Medical Association?

A.—Dr. McKenty—There was some slight increase in the representation from the Provinces. This seems to be the only approach to these suggestions.

Dr. Moorhead stated that at subsequent meetings it appeared that the matter was buried.

It was moved by Dr. F. A. Benner, seconded by Dr. W. E. R. Coad: That this report be received and recommendation of the Committee accepted, and that the matter of Federation be deferred. —Carried.

Discussion followed as to having this report printed in the Review. Dr. Jackson thought it might not be advisable to do this, as the Review went to many people outside the Province and might be misconstrued.

Moved by Dr. C. W. Wiebe, seconded by Dr. F. A. Benner: That this report, together with memorandum prepared in October, 1934, be mimeographed and sent out to all the profession in the Province. —Carried.

Dr. McKenty then advised that his Committee had also prepared a supplementary report regarding the amalgamation scheme of the College of Physicians and Surgeons and the Manitoba Medical Association.

Correspondence.

Letter was read from Dr. N. G. Trimble, The Pas, asking for information regarding what would be a fair charge for trips made by aeroplane, the patient paying for the plane. This question received considerable discussion by the members present.

It was finally moved by Dr. E. S. Moorhead, seconded by Dr. W. H. Clark: That it be recommended to Dr. Trimble that the cost for the first fifty miles be $1.00 per mile, and fifty cents per mile for each additional mile. —Carried.

The Secretary was requested to find out, if possible, what is being charged in other parts of the province.

The Secretary read a communication from the Winnipeg Medical Society, enclosing letter from the Manitoba Association for Adult Education, requesting that the Association should join their organization. It was pointed out that this would mean broadcasting over the local stations, and the matter was discussed fully. Dr. Fahrni stated that he was of the opinion that this was an opportunity we should not lose sight of if properly handled. Dr. Campbell stated that he felt if proper broadcasts were prepared, it would be of great assistance in educating the public not only on matters of health but would be an opportune time to inform the public just what the requirements were to become a duly qualified practitioner, and it would be a great help in educating the public and counteract the activities of the irregular practitioner.

It was moved by Dr. C. W. Burns, seconded by Dr. W. S. Peters: That this Executive is in sympathy with this offer and that they ask the Chairman of the Radio Committee to get in touch with Mr. England of the Manitoba Association for Adult Education, and report back to this Executive, and that Dr. R. Richardson be informed of the discussion. —Carried.

Communication was read from the Department of Health and Public Welfare, asking for the appointment from this Association of three members to the Cancer Relief & Research Institute. The following names were nominated: Dr. G. S. Fahrni, Dr. C. E. Corrigan, Dr. A. W. S. Hay, Dr. Digby Wheeler and Dr. J. C. McMillan.

Ballots were passed and votes taken of the members present, and the Chairman advised the following were elected: Dr. G. S. Fahrni, Dr. J. C. McMillan and Dr. C. E. Corrigan.

Membership.

Dr. D. C. Aikenhead reported on the membership to date, advising that there were 156 paid members in the city, or 42 per cent, and 97 paid members in the country, or 40 per cent. A concentrated drive had been made by his Committee to have all men join, and results showed considerable improvement. Discussion followed regarding various doctors who had not joined the Association yet who were on the Unemployment Relief Panel and drawing money monthly.

Following further discussion it was moved by Dr. D. C. Aikenhead, seconded by Dr. A. S. Kobrinsky: That in future only members of the Association be elected to Committees, and

That only members shall take part in any programme of the Association, and

That no bonafied physician of Manitoba be admitted to any sessions of the Annual Meetings of the Association, unless he is a member. —Carried.

Committee on Sociology.

Dr. E. S. Moorhead addressed the meeting and reported on the activities of the Committee on Sociology. He stated that Dr. J. C. McMillan and Dr. F. D. McKenty had retired from the Committee since our last meeting, but that Dr. C. E. Corrigan and Dr. Claude McRae had been appointed to replace them. He read minutes of a meeting held by his Committee on April 28th, covering various phases of their work, the outstanding matters being operations performed for Tonsils and Adenoids, showing comparison of these operations as done by general practitioners and specialists. The matter of optometrists was mentioned, and the report that oculists were receiving commissions from Manufacturing firms had been discussed by the Committee on Sociology. A resolution was passed by their Committee as follows:

> "In the course of an investigation into the behaviour of the optometrists, the Free Press had laid the charge that certain members of the medical profession derive a profit from the sale of glasses to citizens, in addition to the fees charged for purely professional work. If this is proved, the public may criticise the ethics of such conduct, and may consider that the receipt by a practitioner of commission, rebate or profit, on goods supplied at the order of the doctor constitutes an unfair practice.
>
> Such criticism is not likely to stop at the question of glasses, but may embrace the whole profession in its relation to the public.
>
> Therefore, we move: That this Committee recommend to the Executive of the Manitoba Medical Association, that it take the matter under consideration, and if satisfied that the matter should be investigated further, refer it to the proper authority."

It was moved by Dr. E. S. Moorhead, seconded by Dr. F. A. Benner: That this report be adopted. —Carried.

Discussion followed regarding resolution received, and it was moved by Dr. D. C. Aikenhead, seconded by Dr. E. S. Moorhead: That this be referred to the College of Physicians and Surgeons for whatever action they may deem fit. —Carried.

Communication was read from Dr. G. F. Stephens, Superintendent of the Winnipeg General Hospital, under date of April 28th, attaching copy of letter sent to the Manitoba Hospital Association with regard to liability of patients outside the Province of Manitoba, Dr. Stephens pointing out that this is of interest to the medical profession as they see the cases first and have the responsibility of placing them when making recommendation for hospital treatment.

It was moved by Dr. D. C. Aikenhead, seconded by Dr. A. S. Kobrinsky: That this letter be referred to the Legislative Committee. —Carried.

Dr. Kobrinsky then brought up the following matters on which he required information: (1) Completing of insurance papers; (2) Post-Graduate expenses as an exemption on income tax; (3) Patients of the Workmen's Compensation Board having free choice of doctor. In connection with the latter subject the Secretary advised that a letter had been written to Dr. Chestnut regarding a definite case of an employee of the Canadian Pacific Railway Shops being referred to Dr. Holland. This is to be followed up and ascer-

tain what action was taken. Dr. Kobrinsky moved that we get a definite opinion from the Workmen's Compensation Board with regard to the right of patients having the free choice of doctor. A further matter regarding the Workmen's Compensation Board obtaining consultants on cases, was discussed. Dr. Kobrinsky felt that the attending doctor should be advised when this was done. The opinion of the executive was that if the Compensation Board were told of this they would be willing to inform the doctors.

The meeting adjourned.

MINUTES OF MEETING—MAY 13th

MINUTES of a meeting of the Executive of the Manitoba Medical Association, held at the Manitoba Club, Winnipeg, Wednesday, May 13th, 1936, at 7.00 p.m. Present:—

Members of the Executive.

Dr. F. G. McGuinness - - - -	Chairman
Dr. F. W. Jackson	Dr. F. A. Benner
Dr. G. W. Rogers	Dr. Geo. Clingan
Dr. E. S. Moorhead	Dr. W. E. Campbell
Dr. C. W. Burns	Dr. J. F. Wood
Dr. D. C. Aikenhead	Dr. C. W. Wiebe
Dr. W. E. R. Coad	Dr. W. S. Peters
Dr. A. S. Kobrinsky	Dr. Gordon Chown

Guests:

The guests, numbering about twenty, included the following: His Worship Mayor Queen, the Honourable Mr. I. B. Griffith, Dr. W. Harvey Smith, Dr. E. W. Montgomery, Dr. Ross Mitchell, Dr. F. D. McKenty, Dr. W. W. Musgrove, Dr. J. A. Gunn, Dr. Wm. Boyd, Dr. A. T. Mathers, Dr. P. H. T. Thorlakson, Dr. C. W. MacCharles, Dr. G. S. Fahrni, Dr. J. D. Adamson, Dr. Digby Wheeler, Dr. P. G. Bell, Dr. Geo. F. Stephens, Dr. C. R. Rice, Dr. J. D. McQueen, Dr. D. S. MacKay and Mr. J. L. Hewitt.

The above gentlemen on this occasion were the guests of the President, Dr. F. G. McGuinness.

Following dinner, a few short addresses were given by His Worship Mayor Queen, the Honourable Mr. I. B. Griffith, and Dr. E. W. Montgomery. The guests were then allowed to retire, and the business of the meeting was called to order by the chairman, at 9.00 p.m.

It was moved by Dr. D. C. Aikenhead, seconded by Dr. W. E. R. Coad: That the minutes of the last Executive Meeting, held on May 5th, 1936, be taken as read. —Carried.

Appointment of Nominating Committee.

The President appointed the following to act as a Nominating Committee to bring in a slate for the Annual Meeting:

Dr. J. D. McQueen
Dr. J. D. Adamson
Dr. G. W. Rogers
Dr. J. F. Wood
Dr. W. E. Campbell

This Committee considered the present the most opportune time to hold a meeting of their Committee, and retired to do so.

Report of Executive Officer.

Dr. F. W. Jackson read a report of the activities carried on between meetings of the Executive during the past year.

It was duly moved and seconded that this be received; copy of this report is on file. —Carried.

Notice of Motion to Amend Constitution.

Dr. G. S. Fahrni read a notice of motion to amend Article "4", Section 1, of the Constitution. Discussion followed, and Dr. Fahrni stated that he did not think the present system was constitutional, also that he could not find anything in the Constitution whereby the Association could ask individuals to pay back dues.

It was moved by Dr. G. S. Fahrni, seconded by Dr. A. S. Kobrinsky: That those who have been active in the Association in the past and are delinquent for more than one year's dues, should be asked to pay for these back dues. —Carried.

It was pointed out that several doctors had been active in the Association's affairs, had been out on extra mural trips, and have been on Committees. A Committee was appointed consisting of the Secretary, Treasurer and the President, to review the outstanding list and approach those who have taken an active part in the affairs of the Association in the past, and that they be asked to pay their back dues. Dr. C. W. Burns suggested that it would be better not to exclude non-members from functions at a minute's notice for this year, until at least sufficient notice had been forwarded to them, or published in the Review.

The amendment to the Constitution reads as follows:

Ordinary Members of the Association shall remain members until they formally resign in writing, and shall be liable for the dues during their term of membership. If dues are unpaid for a period of two years or more, the Executive of the Association may at their discretion terminate the membership. All memberships terminated by the Executive may be re-considered on the application of the member whose membership has been terminated, provided there is submitted with such application two years' membership dues, and

THAT no member in arrears for more than one year be allowed to take part in the Scientific Programmes of the Association, or be a member of any of its Committees:

Resolutions:

1. Re Full Time Health Units:

Resolution was read by the Secretary received from members of the medical profession of the City of Brandon, in connection with the control of a full time Health Unit in that City, and that this control should be shared by the Provincial and Municipal authorities.

Discussion followed, and while the meeting was in sympathy with the principle of the resolution, a number of members felt that the question of endorsing Health Units should be guarded against. Following further discussion of the matter, the following resolution was passed on motion by Dr. F. A. Benner, seconded by Dr. W. S. Peters.

THAT in view of the fact that Health Units have already been established in the Province, and

THAT the Government and the District in which the Health Unit is established, contribute equally to the operation of the Unit,

It is the opinion of this Association that the authority for the management of the Unit should be vested equally in the Government and the District in which the Unit is situated in order that the qualifications and remuneration of the staffs may be commensurate with the duties and responsibilities imposed, and

THAT the present regulations be amended to this effect, and

THAT this opinion is expressed without prejudice either for or against the establishment of full time Health Units.

2. Re Federation:

It was moved by Dr. A. S. Kobrinsky, seconded by Dr. Geo. Clingan: That the resolution re "Federation Proposal" reading as follows:

It is the view of your Committee that co-operation of Provincial Medical Associations through a central body, according to the principles suggested by the Manitoba Medical Association memorandum of October, 1934, is still desirable, but that these principles are not applied in the status of a "Division" of the Canadian Medical Association under the "Federation Proposal."

Your Committee therefore recommends that action on the "Federation Proposal" be deferred. Be referred to the Resolutions Committee. —Carried.

Dr. E. S. Moorhead read communication received from Dr. Routley, expressing his regrets at not being able to be present at the Annual Meeting, and requesting that Dr. Moorhead speak on his behalf on the question of Federation when this matter was discussed.

Honorarium.

Moved by Dr. Geo. Clingan, seconded by Dr. W. E. Campbell: That an honorarium be paid to Dr. C. W. MacCharles of two hundred dollars ($200.00). —Carried.

Re Closed Scientific Sessions.

It was moved by Dr. F. A. Benner, seconded by Dr. J. F. Wood: That rather than adopt drastic action and place a uniformed man at the doors of the scientific sessions, and only permit those who are members to enter, this year signs be placed at the door marked "For Members Only." —Carried.

Reports for Annual Meeting.

Discussion followed as to whether reports should be read in full at the Annual Meeting, and it was decided that the Report of the Executive Committee, Report of the Committee on Sociology, Financial Report, and Report of the Committee on Historical Medicine and Necrology, be the only ones read in detail.

It was moved by Dr. D. C. Aikenhead, seconded by Dr. Ross Mitchell: That a letter of condolence be sent to Mrs. Secord. —Carried.

It was moved by Dr. Ross Mitchell, seconded by Dr. G. S. Fahrni: That a hearty vote of thanks be extended to the President for the very charming dinner given on behalf of the members. —Carried.

The meeting adjourned.

ANNUAL GENERAL MEETING

MINUTES of the Annual Meeting of the Manitoba Medical Association, held in the Fort Garry Hotel, Winnipeg, on Friday, May 15th, 1936, at 12.30 noon.

The President, Dr. F. G. McGuinness, was in the chair.

Attendance at meeting, 120 members.

Officers and guests at the head table were as follows:—

Dr. W. S. Peters, Brandon
Dr. W. Harvey Smith, Winnipeg
Dr. D. S. MacKay, Winnipeg
Dr. H. O. McDiarmid, Brandon
Dr. Ross Mitchell, Winnipeg
Dr. F. W. Jackson, Winnipeg
Dr. A. T. Mathers, Winnipeg
Dr. A. P. MacKinnon, Winnipeg
Dr. John Kilgour, Winnipeg.

Following luncheon, the President called the meeting to order and gave a short address introducing the visitors, and conveyed the regret of Dr. T. C. Routley at not being able to be present.

Dr. A. T. Mathers then addressed the meeting and introduced Dr. John Kilgour, a 1936 graduate of the Manitoba Medical College, Dr. Kilgour being the winner of the Manitoba Medical Association Gold Medal, for the highest standing throughout the five years' medical training.

The Secretary was requested to read the minutes of the last Annual Meeting, held at the Fort Garry Hotel, Winnipeg, on September 12th, 1935.

It was moved by Dr. W. W. Musgrove, seconded by Dr. Blake Watson: That the minutes having been duly printed in the Review, be taken as read. —Carried.

Report of Nominating Committee.

Dr. J. D. McQueen, Chairman of the Nominating Committee, submitted the following names for the election of officers for the ensuing year:

President	Dr. George Clingan, Virden Dr. W. S. Peters, Brandon
1st Vice-Pres.	Dr. J. D. Adamson, Winnipeg Dr. W. E. R. Coad, Winnipeg
2nd Vice-Pres.	Dr. P. H. T. Thorlakson, Winnipeg Dr. J. F. Wood, Manitou
Treasurer	Dr. C. W. Burns, Winnipeg Dr. Digby Wheeler, Winnipeg
Secretary	Dr. F. W. Jackson, Winnipeg
Rural Members at Large	Dr. J. K. Cunningham, Carman Dr. D. J. Fraser, Souris Dr. C. W. Wiebe, Winkler Dr. S. Bardal, Shoal Lake
Wpg. Members at Large	Dr. Lennox Bell, Winnipeg Dr. S. G. Herbert, Winnipeg

Dr. W. S. Peters addressed the meeting and advised that he desired with the consent of the Nominating Committee, to withdraw his name as candidate for President. He stated Dr. Clingan had many years of experience on the executive of the M.M.A., and he would personally like to see Dr. Clingan elected President. Dr. Peters' request was granted, and the President declared Dr. Geo. Clingan elected unanimously as President.

Dr. Digby Wheeler, who was nominated with Dr. C. W. Burns for the position of Treasurer, also withdrew his nomination, and the President declared Dr. C. W. Burns elected unanimously as Treasurer.

Presidential Address.

The President, Dr. F. G. McGuinness, addressed the meeting and gave a very interesting resumé on the value of medical organization. The address was received with applause, and it was suggested that this address be published in the Review.

Committee Reports.

Report of Executive Committee:—Dr. Jackson read full report of the Executive Committee, and it was duly moved and seconded that this be accepted.

Report of Sociology Committee:—Dr. Moorhead read a very interesting report on the activities of the Sociology Committee, and it was duly moved and seconded that this be accepted.

Treasurer's Report:—The Treasurer's Report was presented by Dr. C. W. Burns, and it was duly moved and seconded that this be accepted.

Report of Committee on Historical Medicine and Necrology:—Dr. Ross Mitchell addressed the meeting and requested that the members rise for a period of one minute's silence for the memory of Dr. T. Herbert Bell, Dr. J. T. Wright, and Dr. W. H. Secord, all deceased during the past year.

Moved by Dr. Ross Mitchell, seconded by Dr. C. W. MacCharles: That the reports of all other Committees, having been printed and distributed among all members, be taken as read, and that they be made a part of these minutes. —Carried.

Committee reports are inserted and form part of these minutes.

Report of Resolutions Committee.

1. Amendment to Constitution:

Dr. G. S. Fahrni suggested an amendment to Article "4", Section 1, of the Constitution, and discussion followed.

Moved by Dr. W. W. Musgrove, seconded by Dr. F. A. Young: That a printed copy of this amendment be forwarded to all members in arrears, before asking them for payment of dues.

This amendment was accepted by Dr. Fahrni and his seconder, and added to the resolution. —Carried.

2. Health Unit in Brandon:

Dr. W. S. Peters explained the reason for this resolution, and it was moved by Dr. G. S. Fahrni, seconded by Dr. W. S. Peters: That it be accepted and forwarded to the Department of Health.—Carried.

3. Federation Proposal:

The report of the Committee on Federation having been printed and handed to each member present, is attached hereto and form a part of these minutes.

Discussion took place regarding the report, and it was moved by Dr. G. S. Fahrni, seconded by Dr. F. A. Benner: That this report be accepted, and that this Committee continue to act until some definite conclusion is arrived at.

Dr. O. C. Trainor suggested that if this report is accepted it might be advisable to have copies forwarded to executive members of all other Provincial Associations in Canada, in order to familiarize them with the work done in Manitoba. Dr. McGuinness advised that Dr. Routley had written him to the effect that if it took another five or ten years to decide on Federation, he would like this to be done rather than have any misunderstanding made regarding it. Dr. J. D. Adamson was not in accord with Dr. Trainor's suggestion. Dr. C. W. MacCharles supported Dr. Trainor's suggestion. Dr. Shortreed suggested a conference of preliminary delegates. Dr. McKenty then thoroughly discussed the report, and spoke in reference to the amalgamation of the College of Physicians and Surgeons and the Provincial Associations, as well as the legal status of such action. This was not dealt with in the report, although it was considered by the committee. They decided that it was unnecessary to refer to it as it had been disposed of in Manitoba. The College of Physicians and Surgeons had decided against any such amalgamation.

Moved by Dr. G. S. Fahrni, seconded by Dr. C. W. Burns: That we extend our deepest thanks to the Ladies' Committee, and particularly to Dr. F. G. McGuinness, for the entertainment provided for ladies out of town. —Carried.

Moved by Dr. G. S. Fahrni, seconded by Dr. A. J. Swan: That letters of thanks be sent to The Tribune, Free Press, Fort Garry Hotel, General Hospital and St. Charles Country Club for their assistance in making this meeting a success.

Dr. Fahrni then advised that in addition to the foregoing resolutions there was another matter for discussion which the Executive had not sufficient time to make a decision on, namely, the address of Dr. James McKenty on "The Relation of the Profession with Hospitals."

Moved by Dr. G. S. Fahrni, seconded by Dr. D. C. Aikenhead: That this be passed to the Incoming Executive for their consideration. —Carried.

Moved by Dr. Digby Wheeler, seconded by Dr. J. A. Gunn: That the date of the next Annual Meeting be left to the Incoming Executive. —Carried.

Report of Scrutineers.

The scrutineers then reported on the checking of ballots, and the President declared the following elected officers of the Association for the ensuing year:

President - -	Dr. Geo. Clingan, Virden
1st Vice-Pres. -	Dr. J. D. Adamson, Winnipeg
2nd Vice-Pres. -	Dr. P. H. T. Thorlakson, Winnipeg
Treasurer - -	Dr. C. W. Burns, Winnipeg
Secretary - -	Dr. F. W. Jackson, Winnipeg
Rural Members at Large - -	Dr. J. K. Cunningham, Carman Dr. S. Bardal, Shoal Lake
Wpg. Members at Large - -	Dr. S. G. Herbert, Winnipeg

The meeting then adjourned.

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Annual Reports of Committees

REPORT OF EXECUTIVE COMMITTEE

To the Members of the
Manitoba Medical Association.

Your Executive Committee begs to report as follows for the 1935-36 season:

There were held during the year, three regular meetings of the full Executive, and five special meetings of the Winnipeg members.

At the first regular meeting held on November 21st, 1935, this Executive took over the work of the Association and appointed the various Standing Committees for the ensuing year. Dr. Moorhead reported on his attendance at the first Executive Meeting of the Canadian Medical Association, as our representative. The principal items of business discussed at the Executive Meeting of the Canadian Medical Association were, consideration of the new Ceremonial to be introduced at the Annual Meeting in Victoria this year and discussion on the disposition of the King George V. Silver Jubilee Cancer Fund. Your Executive Committee at this meeting also considered dates for the forthcoming Annual Meeting pursuant to the resolution passed at the Annual Meeting in September, and it was decided to hold the Annual Meeting this year in May subsequent to convocation.

The second regular meeting was held on March 26th, 1936, with an excellent turnout of country members. This was called to consider the preliminary draft of the programme for the Annual Meeting in May. Dr. C. W. Burns, Chairman of the Programme Committee, gave a resume of the tentative programme and this was agreed to by your Executive with an addition of a paper on Skin Diseases. Dr. Moorhead gave us another report on a subsequent meeting of the Canadian Medical Association Executive, which he had attended. The principal item of business at this meeting was the discussion of the British Columbia Health Insurance Bill. Dr. F. D. McKenty, Chairman of Committee on Federation, also presented a preliminary report on his deliberations and he was instructed to have the report completed to be presented at an Executive Meeting to be held early in May, so the matter could be considered and prepared for the Annual Meeting.

The third regular meeting was held on May 5th and was called specifically to hear the report of Dr. McKenty's Committee on Federation. After a considerable amount of discussion and explanation by Dr. McKenty, your Executive passed a resolution suggesting that Federation as outlined under the new Constitution of the Canadian Medical Association, should not be entered into at the present time. At this meeting, Dr. Moorhead as Chairman of the Committee on Sociology, also presented a draft report of what he intended giving at the Annual Meeting of this Association. This draft report was received and approved.

The first special meeting of the Winnipeg Members of the Executive of the Association was held on December 4th, 1935, to consider a telegram received from the Canadian Medical Association in reference to the appointment by the Federal Government of a Royal Commission to study health problems in Canada. This special meeting after consideration sent the following telegram to Dr. Routley: "Representative from Executive Meeting of Manitoba Medical Association interviewed Minister of Health who will convey motion to Attorney General as follows: that activities of commission if appointed be restricted to coordination of Provinces with regard to research and public health owing to lack of statistics required for actuarial survey of conditions in Canada. Recommend that before Commission investigate health insurance information by trial methods must be obtained."

The second special meeting was called on January 22nd, 1936, to consider certain correspondence which had been submitted to the Association by the Winnipeg Medical Society, in reference to the Victorian Order of Nurses, also correspondence in reference to public health nurses on the School Health Services, and after considerable discussion the President was instructed to name a Committee to survey the whole situation. In the meantime, however, the Supervisor of the Victorian Order of Nurses at Winnipeg had been transferred and a letter of apology had been received from the President of the Auxiliary in Winnipeg, Mrs. C. D. Shepard.

The third special meeting was called on February 12th, 1936, to consider a report from our representatives on the Committee of Twelve, which report was presented by Dr. G. S. Fahrni, and following discussion the Executive approved and endorsed all the work being carried on by the Committee.

The fourth special meeting held on March 6th, was called to meet Dr. T. C. Routley and Dr. A. T. Bazin, who were returning from a trip to British Columbia, in reference to the British Columbia Health Insurance Bill. Both Dr. Routley and Dr. Bazin spoke at length regarding what had taken place in British Columbia, and were of the opinion that the bill would be passed in its present form. Doctors Routley and Bazin expressed the opinion that this bill as drafted, would not be satisfactory to any of the parties.

The fifth special meeting of the Executive was called on March 14th, to consider in detail the programme for the Annual Meeting. Dr. C. W. Burns presented practically a complete Scientific Programme, and following Dr. Burns' report the several Committees for the Annual Meeting were appointed. The Secretary was instructed to act as Chairman of a Committee on Commercial Exhibits. Committees were appointed on: Scientific Exhibits, Entertainment, Finance, Publicity, Hotel, Resolutions and Registration.

Although the year has been a short one, only some eight months, it has been a very important one insofar as the Association is concerned. This is apparent when one looks over the business transacted by the special meetings, which had to do particularly with the consideration of the work of our members on the Committee of Twelve, and with Dr. McKenty's Committee on Federation. The work of this last mentioned Committee, I think, is of extreme importance to the Association, as it has brought out many points not only in regards to Federation but also in reference to the amalgamation of our Association with the College of Physicians and Surgeons, which heretofore have not received the consideration they should have.

All of which is respectfully submitted.

MANITOBA MEDICAL ASSOCIATION

Statement of Revenue and Expenses For Year Ending April 30th, 1936.

Revenue:		
By Fees Collected, Aug. 1st, 1935, to April 30th, 1936		$3,025.25
To Dec. 31, 1935, 69 Full Memberships.		
To Dec. 31, 1935, 2 Half Memberships.		
For 1936 to April 30, 231 Full Memberships.		
For 1936 to April 30, 5 Half Memberships.		
Total — 307 Memberships.		
Interest on Bonds		225.00
Expenses:		
Annual Convention, 1935 Luncheon	$ 6.85	
Review Account	2.91	
Bank Charges & Exchange	33.55	
General Expenses:		
Manitoba Health Week Exhibit $80.55		
Wreaths, Deposit Box, etc. 16.83		
	97.38	
Dr. F. W. Jackson—Salary	675.00	
Postage, Printing & Stationery	172.74	
Rent—Medical Arts Building	90.00	
Travelling Expenses	85.00	
Medical Business Bureau–Stenographic & Clerical Services	517.50	
	$1,680.93	$3,250.25
		1,680.93
Surplus of Revenue Over Expenses		$1,569.32

MANITOBA MEDICAL ASSOCIATION

Statement of Assets and Liabilities As At April 30th, 1936.

Assets:			
Cash on Hand			$ 250.00
Balance in Bank of Montreal			1,575.24
Investments—Bonds at Cost:			
Province of Man. 1956, 4½%	$2,000.00		
Province of Man. 1947, 5%	1,500.00		
Dom. of Canada 1943, 5%	500.00		
Can. Nat. Rlys. 1969, 5%	1,000.00		
		$4,518.50	
Accounts Owing by Advertisers		223.98	
Amounts Owing by College of Physicians & Surgeons and Department of Health		185.00	
Balance Owing on Advance to Advertising Manager		12.36	
Extra Mural Expenses (Chargeable to College of Physicians & Surgeons)		13.65	
Liabilities:			
Accounts Payable			NIL
Balance at Credit of Sociology Committee, being difference of amount paid over actual expenses			$ 32.57
Surplus Account:			
By Surplus as at July 31st, 1935	$5,176.84		
Add Profit for Year to Date	1,569.32		6,746.16
		$6,778.73	$6,778.73

REPORT OF COMMITTEE ON SOCIOLOGY

To the President and Members of the Manitoba Medical Association.

I have the honour to submit the following report:

There has been no reduction in the activities of the Committee on Sociology since the last Annual Meeting. Minor problems are of daily occurrence, and major difficulties arise frequently. Most of the former can be settled without appeal to a board. It speaks much for the spirit of co-operation and the sense of fairness to be found in both parties to the contract, that the heat that is engendered by clashing interests never ends in an explosion. Most of the minor difficulties arise from the fact that the doctor rarely refreshes his memory by reading the terms of the undertaking he assumed, when he signed his contract to attend those on relief. The practitioner has always the right of appeal to Boards, consisting entirely of doctors; the Medical Advisory Board for City of Winnipeg cases, and the Medical Referee Board for cases arising in the remaining areas of Greater Winnipeg. This gives a feeling of confidence that every complaint, whether from doctor or municipal representative, will be fully investigated.

It should be pointed out here that these are not clinical boards, and under no circumstances will a board see the patient of any doctor; no member of the board acts as consultant on a case that has been referred to the board. Where a request is made, the board's action is limited to three courses: (1) To approve; (2) To refuse; (3) To obtain the assistance of a consultant. The board never makes suggestions to a practitioner as to how his case should be treated. The Medi-

cal Advisory Board for the City of Winnipeg meets three times a month, and about thirty cases are considered at each session.

The Committee on Sociology has a different function. It is your representative in all negotiations with civic or municipal authorities. Should a complaint be lodged by one of the latter against one or more doctors, the Committee has to investigate it fully, getting the practitioner's point of view, the patient's story, and any available reports from hospitals, etc. Sometimes at this stage the whole affair can be settled; but only if the body registering the complaint expresses itself satisfied with the explanation and withdraws. Should there, however, appear to have been grounds for the protest, the Committee sends the results of its investigation to the municipal authority with the recommendation that it be submitted to the College of Physicians and Surgeons. The Committee on Sociology is not a disciplinary body, and has no control over ethics or professional conduct. As far as its powers go it advocates the rules of professional ethics that have been formulated for private practice.

With the exception of certain communications made at the request of the Secretary of the Canadian Medical Association, the Committee on Sociology has to the best of my knowledge never discussed "State Health Insurance." It is not a question on which the Committee has been directed to give an opinion; it is not a political issue; it is my personal conclusion that if the representatives of the people requested our views as to how a scheme could be formulated, we would have to reply that we did not know, and could only give a considered opinion after at least three years study and research. I have been asked on more than one occasion, could the British Columbia episode happen here? I do not think so, for three reasons. As a result of a campaign of education during the last three years, our doctors probably know more about organised medical service on a large scale than any similar professional group in Canada, therefore we are in a better position to appraise any scheme submitted. We have been welded through adversity into a co-ordinate body. The members of the legislative body have had the opportunity of seeing our work during the last two years; if they contemplated an insurance plan they would probably approach us knowing that they would receive sound advice and co-operation, rather than criticism and antagonism. An Alderman of the City of Winnipeg said in my hearing that the doctors (on the panel) had only one standard of service "the best."

One reason for avoiding any discussion of health insurance is our lack of a firm basis of fact for any plan. Nearly three years ago we approached the Honourable Mr. Bracken and his Cabinet, with an estimate of $1.75 per head per annum, for the care of the sick. When I tell you that the first year of medical relief worked out at $3.07 per head per annum, and the second at $3.63, and even these sums did not cover the costs, you will see how injudicious it is to make estimates without reliable statistics.

The Committee on Sociology endeavours by study, by discussions, and by information, to give the medical profession, and to a lesser degree the public, a group of facts which will enable them to bring some knowledge to bear on the study of economic problems. If the public demands a change in medical service, then there is going to be a change whether we like it or not. We have something to sell in return for our livelihood, but if we cannot present that commodity, namely our skill, in an acceptable form, the public will not buy on our terms. We cannot refuse our services, for we dare not embark on a nation-wide strike. Therefore, whatever change takes place it must be settled by compromise and a mutual spirit of give and take.

To judge by numerous articles appearing in the press, a great deal of printers' ink is being used; general health insurance is being portrayed as a relatively simple thing to put into operation; but the logic and reasoning are far from being sound. Are we to stand aside and allow false propaganda to be disseminated without making some attempt to refute it? Whenever I am granted the opportunity, I point out the difficulties that have to be faced before they can hope to derive any benefits.

A subject on which there is not complete agreement between the Canadian Medical Association and the Manitoba Medical Association, was dealt with during the year.

Wire Received from Dr. Routley under date of December 2, 1935:

"Supplement September Journal Page thirty, second column, resolution number two—Whereas, it has been brought to the attention of this Council that the Ministers of Health of Canada, meeting in Ottawa, proposed that a Royal Commission be appointed to make a survey of Canada in respect to the health services of Canada;

BE IT RESOLVED by this Council that we heartily approve of such a survey being made, and that the Commission be given the widest possible powers; and, futhermore, we respectfully submit that before any scheme of health insurance be enacted in any part of Canada it would be the part of wisdom to see that such a survey has previously been made—

Strongly recommend this be brought to attention your Government representative attending Ottawa conference beginning December ninth. United action medical profession across Canada needed at this time. Please advise me by wire action taken. Expect to be in Ottawa next week, would be glad to receive before that any information or suggestions which might be used helpfully."

Reply Sent under date of December 4th, 1935, by Dr. Moorhead:

"Representatives from Executive Meeting of Manitoba Medical Association interviewed Minister of Health who will convey motion to Attorney General as follows: that activities of commission if appointed be restricted to co-ordination of provinces with regard to research and public health owing to lack of statistics required for actuarial survey of conditions in Canada—recommend that before commission investigate health insurance information by trial methods must be obtained."

Excerpt from Letter sent to Dr. Routley by Dr. Moorhead, dated December 16th, 1935:

"I intended to write amplifying the lettergram with regard to the Royal Commission. We felt that a commission could fritter away a lot of time and money here and in Europe going over ground that has been covered very fully by South Africa, New Zealand, British Columbia, Alberta, etc., and that a rehash was not needed. All that is necessary for that part of it is to buy a volume or two from the Health Department of the League of Nations. Travelling through Canada, taking opinions of local inhabitants, would not help either, seeing that we want facts."

Revision of Surgical Fees:

It is impossible for the Committee on Sociology to set itself up as an authority on basic fees; that can only be done by the Manitoba Medical Association, and even then it is nullified by the fact that many men do not adhere to it, there being wide fluctuations both above and below the basic scales: so the Committee only acts when request is made either by the Unemployment Relief Department or doctors. The Unemployment Relief Department approached us on the question of the fee for tonsillectomy. They did not think the fee unreasonable, but pointed out that the total cost in one year was nearly $10,000. They considered that the proportion in a total of $92,000 was too great. This at once opened up the question of other surgical fees. The Unemployment Relief Department was prepared to entertain the adjustment of the whole surgical scale, provided that the aggregate cost would not appear to be greater. The proposed alterations were submitted to a mass meeting of practitioners, and accepted. At this meeting the question of the low scale of obstetrical fees, especially if efficient prenatal care was provided, was raised. The motion presented to the Committee on Sociology was a request for $5.00 additional for prenatal care. Meetings were held and much correspondence passed with the Unemployment Relief Department. It was pointed out that extra fees were paid where extra prenatal care was required, that obstetrical emergencies were paid for on a surgical basis, and that the morbidity and mortality statistics showed that there was no lack of prenatal care. We pointed out that the care was being given, even though the doctor was not being paid for it. The application was refused by the Unemployment Relief Department, principally on the basis of financial stringency, but permission was given to re-open the question after a six months interval.

Refractions for defective vision has been before the Committee on Sociology and the Unemployment Relief Department for a year. Again many meetings were held, and much investigation carried out. I may point out that our service differs entirely from that supplied by the dentists. Extractions and fillings are done at the Winnipeg General Hospital, Out-Patient Department, by a dentist on a part time salary basis. Dentures are restricted to a limited group, and not more than $200.00 can be expended in any one month; with the result that authorized but unfilled applications are booked up four months ahead. None of these restrictions are to be found in oculist's service. Refractions will only be paid for when made by an oculist, which when you consider the present position in optical work, enhances and stabilizes the position of the oculist. The fee of $4.00 appears to be reasonable. It only remains to be seen if the service will break down through the weight of numbers.

Since the last Annual Meeting a change has taken place in the personnel of the Committee on Sociology. Dr. J. C. McMillan and Dr. F. D. McKenty have retired. I shall not call it a resignation, because their services will be available at any time should the Committee have need of their wide experience and their special abilities. Gentlemen, I wonder if you appreciate that they have helped to direct our activities since the formation of the General Committee on Relief in the fall of 1932; and what a service. I cannot single out either one for special recognition, for each was superlative in his own particular line. One thing they had in common, breadth of vision, and they infused that spirit into their associates to such a degree that it will carry the rest of us through many a difficulty in the future. In assisting the Committee and me, they have put all of you under a tremendous obligation to them.

The two new members of the Committee are Dr. C. E. Corrigan and Dr. Claude McRae. When you gave me the privilege of choosing every member of the Committee, you evinced a great faith, but you also put a tremendous load of responsibility on me. It will interest you to learn that I cannot say that I know either of these new members very well, therefore personal liking does not enter into the choice; but I think that they will serve you loyally, and they have a wonderful service to emulate in the record of Dr. McMillan and Dr. McKenty. I only ask two things of each new member: first, that he shall remember always that he represents the whole profession; he must not feel that it is his duty to think of group or sectional interests; secondly, he must have the width of vision to direct what is not alone a medical question but a great economic experiment in which the patient, the doctor, and the taxpayer, have certain rights and certain responsibilities.

In conclusion may I publicly express my thanks to every one of the Committee and especially to those fine members of the old guard, Dr. John Gunn and Dr. Ross Mitchell, to whom I always turn for advice, and who have never failed me. Occasionally the fear comes over me that some day I shall lose their services, but I hope that by that time I shall also be ready to hand over my task to a successor. We have the wise counsel of the Secretary of the Manitoba Medical Association, and if he does not solve a knotty problem the Deputy Minister of Health and Public Welfare always finds a solution. Dr. Athol Gordon and Dr. Harry Medovy, after a year's experience of the intricacies of our problems, are now taking their share of our responsibilities.

Gentlemen, I thank you all for the confidence you have shown me in the past, and beg for a continuation of it in the future.

All of which is respectfully submitted.

E. S. MOORHEAD,
Chairman, Committee on Sociology.

REPORT OF COMMITTEE ON HISTORICAL MEDICINE AND NECROLOGY

To the President and Members of the Manitoba Medical Association.

Your Committee begs to report as follows:

No articles dealing with historical medicine have appeared in the Manitoba Medical Association Review, but a group of Winnipeg medical men interested in this subject have met from time to time and papers have been given as follows during the present year:—

Dr. W. Harvey Smith—"Quacks and Quackery."

Dr. H. M. Speechly—"Sir Ronald Ross and the Conquest of Malaria."

Dr. M. B. Perrin—"Physician of the Dance of Death."

Only two Manitoba doctors died during the period from Sepember, 1935, to May, 1936. These were Dr. T. Herbert Bell, Professor of Ophthalmology, who died on November 28th, 1935, and Dr. J. T. Wright, who died on January 6th, 1936; both were veterans of the great war, Dr. Herbert Bell having served with the 4th Canadian Field Ambulance under the late Colonel Webster and won the Military Cross, and Dr. J. T. Wright as medical officer of the 184th Winnipeg Battalion and railway troops.

To the relatives and friends of these doctors we extend our sincere sympathy.

All of which is respectfully submitted.

ROSS B. MITCHELL,
Chairman, Committee on Historical Medicine and Necrology.

REPORT OF LEGISLATIVE COMMITTEE

To the President and Members of the Manitoba Medical Association.

Your Legislative Committee wishes to report as follows for the 1935-36 season:

Your Committee represented you on "The Committee of Twelve," the other nine members consisted of three from each of the following organizations: College of Physicians and Surgeons; Faculty of Medicine, University of Manitoba; Winnipeg Medical Society. The principal work accomplished in the past year was the defeat of the Chiropractic Bill on second reading in the local Legislative Assembly, March 10th, 1936.

A full report of the proceedings of this Committee is on file in the office of the Registrar of the College of Physicians and Surgeons. Minutes of all meetings are available, so it does not seem necessary to go into this question in detail in this report.

Your Committee have had two complaints from the Western Canada Insurance Underwriters' Association, concerning alleged overcharges by physicians in rendering accounts to the Insurance Company or the individual insured, and one complaint from a physician regarding alleged misconduct on the part of an insurance agent. These differences have been adjusted, we hope, to the satisfaction of all concerned.

All of which is respectfully submitted.

W. W. MUSGROVE,
C. R. RICE,
G. S. FAHRNI, *Chairman, Legislative Committee.*

REPORT OF RADIO COMMITTEE

To the President and Members of the Manitoba Medical Association.

Your Committee wishes to report as follows for the 1935-36 season:

At the present time health talks are being given by The Department of Health, Provincial Government, the Manitoba Medical Association, and the Winnipeg Health League.

Occasionally there was overlapping of subject matter, and a Committee was formed to arrange broadcasting by these three bodies jointly. For the coming year, time will be arranged at the various Broadcasting Companies by this Committee. It is hoped that eventually this Committee will act as an advisory body for the Broadcasting Companies, on all matters pertaining to the health of the public.

All of which is respectfully submitted.

R. W. RICHARDSON,
Convener, Radio Committee.

REPORT OF COMMITTEE ON MATERNAL MORTALITY

Mr. President and Members
of the Executive:

Your Committee begs to report as follows for the 1935-36 season:

There were 52 maternal deaths in Manitoba in 1935, a rate of 3.8 per thousand live births, of these 52 deaths: 17 (1/3) were due to puerperal septicaemia, 11 to toxaemia, and 5 to haemorrhage. Apart from these 52 maternal deaths, these were 17 deaths during pregnancy or the puerperium due to associated diseases.

Your committee is of the opinion that only by adequate and efficient care during pregnancy, parturition and puerperium, can avoidable maternal deaths be eliminated. This demands that organized medicine see to it that not only do the public demand, but that the profession can and do give efficient care. This can only be accomplished by well organized and continued educational programmes suitable for the laity and for the profession.

Your committee suggests that ample opportunity should be given at your meetings and at district meetings, for the discussion of obstetrical problems of interest to the general practitioner, and that refresher courses in obstetrics be made available at more frequent intervals by the Faculty of Medicine. Education of the public might better be sponsored by a non-local body, preferably by the Canadian Medical Association or Federal Department of Health.

The Canadian Medical Association Committee on Maternal Welfare are endeavoring to secure a closer co-operation between all organizations whose aims are to lessen the risk of child birth.

Respectfully submitted.

J. D. McQUEEN,
Chairman, Committee on Maternal Mortality.

REPORT OF EDITORIAL COMMITTEE

To the President and Members of the
Manitoba Medical Association.

The Editorial Committee begs to report as follows:—

During the past twelve months, as in the previous year, the *Review* was entirely self-supporting. The large deficits which recurred annually with monotonous regularity, a few years ago, have been eliminated. Thus the venture of enlarging the size and increasing the scope of the publication has been amply justified by the financial results, if in nothing else. The financial position is set out in detail in the report of the Honourary Treasurer.

The various sections of the *Review* have been continued as in the previous year and due to increased revenues it has been possible to further increase the size of the publication. This has added to the work, but the increased interest shown in the *Review* by members of the Association has been a source of gratification to all those connected with its production.

The editor wishes to record his thanks to all those who have contributed papers, to the Faculty of Medicine for their co-operation, to the office staff, to the printers, Messrs. J. & N. S. McLean, and to the Business Manager, Mr. J. G. Whitley, whose efficient work is to a large extent responsible for the financial success of the publication.

All of which is respectfully submitted.

C. W. MACCHARLES,
Editor, Chairman Editorial Committee.

REPORT OF EDITORIAL BOARD OF C.M.A. JOURNAL

To the President and Members of the
Manitoba Medical Association.

Your Board begs to report as follows:

Throughout the year monthly news items from Manitoba, which it was considered would be of general interest to Canadian readers, were sent to the Canadian Medical Association Journal. The activities of the Medical Faculty of the University and of the Winnipeg Medical Society were reported. Dr. E. S. Moorhead has forwarded to the Journal various articles dealing with the work of the Committee on Sociology, which would be of interest to all those interested in medical economics.

All of which is respectfully submitted.

ROSS B. MITCHELL,
Chairman, Editorial Board of Canadian Medical Association Journal.

REPORT OF THE EXTRA MURAL COMMITTEE

To the President and Members of the
Manitoba Medical Association.

Your Extra Mural Committee wishes to report as follows for the 1935-36 season:

We beg to advise that since the last Annual Meeting held in September of last year, there has been no extra mural speakers sent out to District Societies. The Secretary, however, attended the Annual Meeting of the North Western Medical Society, held May 6th, 1936.

All of which is respectfully submitted.

F. W. JACKSON,
Chairman, Extra Mural Committee.

REPORT OF THE WORKMEN'S COMPENSATION REFEREE BOARD

The only matter dealt with by your Committee, during the year, was in connection with a doctor's bill which had been materially reduced by the Board.

This matter was taken up and discussed and reported on to your Executive.

All of which is respectfully submitted.

Signed on behalf of the Referee Board.

WM. CHESTNUT.

Committee on Constitution and By-Laws

REPORT ON FEDERATION PROPOSAL

PERSONNEL OF COMMITTEE

The personnel of the Committee on Constitution and By-laws is as follows:—

J. D. Adamson, M.R.C.P. (Edin.).
W. E. Campbell, M.D. (Man.).
Gordon Chown, O.B.E., F.R.C.P. (C.).
L. D. Collin, M.D., C.M. (Laval).
C. E. Corrigan, F.R.C.S. (Eng.).
O. J. Day, M.B. (Tor.).
J. A. Gunn, C.B., O.B.E., F.R.C.S. (C.).
R. G. Inkster, M.B., Ch.B., M.D. (Edin.).
A. S. Kobrinsky, M.D. (Man.).
C. W. MacCharles, M.D. (Man.).
F. G. McGuinness, F.R.C.S. (C.), President M.M.A.
E. S. Moorhead, M.B., Ch.B. (Dub.), F.R.C.P. (C.).
C. M. Strong, M.C., M.R.C.S. (Eng.), L.R.C.P. (Lond.).
F. W. Jackson, D.P.H. (Tor.), Secretary.
F. D. McKenty, F.R.C.S. (C.), Chairman.

Introduction.

The task assigned to this committee is to study and submit a recommendation upon a resolution adopted by the [1]Annual Meeting of the Manitoba Medical Association in September, 1935, at the request of Dr. Routley, General Secretary of the Canadian Medical Association. The resolution is as follows:—

> RESOLVED that this meeting of the Manitoba Medical Association approve of the principle of federation of all Provinces in respect to matters where federation would be desirable, and
>
> THAT the incoming Executive of this Association be empowered to work out the details and report back to the next Annual Meeting, and
>
> THAT a notice of motion be prepared, if found advisable, to amend the By-Laws.

During the past two years there have been numerous references to the Federation proposal in the C.M.A. Journal, and in various meetings of the profession. At the [2]Annual Meeting of the Association at Atlantic City in June of last year (1935) steps were taken to implement the proposal by revision of the constitution. The aim of the proposal is clearly stated in the second paragraph of Article "5" of the [3]revised constitution, which reads as follows:—

> "Any Branch, if it so desires, may merge its identity in that of the Canadian Medical Association and become a Division. It shall then be known as the Canadian Medical Association (name of Province) Division. All of its members shall be members of the Canadian Medical Association and shall be entitled to all the rights and privileges of membership."

The development of the Federation proposal, the method by which it is to be attained and the results it is expected to achieve are indicated with greater detail in the [4]reports of the committee on Federation of the C.M.A. under the chairmanship of Dr. Geo. S. Young, the [5]retiring address of the Past President, Dr. J. S. McEachern, and various speeches by the General Secretary.

The distance to which the movement has been carried is shown not only by the constitutional amendment above mentioned, but also by a circular letter from the General Secretary (Dec. 4, 1935) in which the following paragraph appears:

> "While on the subject of Federation, we would like to focus attention on what happened in Alberta in September. The Alberta Medical Association in annual session voted to become the Canadian Medical Association, Alberta Division. A recommendation was immediately forwarded to the College of Physicians and Surgeons of the Province, asking the College to collect the annual fee. The request was granted and on January 1st, 1936, Alberta brings into Federation the first Division in the C.M.A., with practically every Doctor in the Province a member. Congratulations, Alberta! You have shown the way to the rest of Canada."

And in confirmation of the above there appears in the C.M.A. *Journal* (1936, P.208) apparently as part of the minutes of the C.M.A. Executive, this item:—

> "The Council of the College of Physicians and Surgeons of Alberta met recently and established a $20.00 compulsory fee for the medical profession of that province for next year, which includes $8.00 for the Federal Treasury (C.M.A.). This completes the financial side of the arrangements for the Alberta Division of our Association."

It is indicated that certain advantages [4 & 5] may be expected from the adoption of this proposal in Manitoba, viz.:—

A reduction of $2.00 a year in the annual dues to each member of the M.M.A., provided the Association collects and remits the dues, but not otherwise, and also such advantages as may accrue from the increased unity and solidarity of the profession which it is assumed the change will bring about.

The foregoing abstracts indicate the general purpose and design of the Federation proposal.

Origin of the Federation Proposal and its Relation to the Manitoba Medical Association.

The initiation of the original Federation Proposal is credited to the M.M.A. It is necessary that the attitude of the M.M.A. regarding the Federation proposal should be emphasized. Its action in this respect is recorded in the reply to a letter[6] from the General Secretary of the C.M.A. inviting suggestions for the improvement of the C.M.A. organization, and in the accompanying memorandum[7] expressing the views of the M.M.A. Executive. Copies of this communication and of other correspondence relating to the federation proposal, are contained in the appendix to this report. It is to be noted that the suggestion of Federation put forward by the

M.M.A. in its memorandum, was linked with and dependent upon the incorporation of certain representative and administrative features in the federated body.

The Manitoba Executive did not at any time sponsor the "Federation Proposal" as it has been presented.

It seemed that the right aproach to a matter of such wide possibilities should be through a preliminary conference of accredited delegates from the provinces interested, that the need for haste and pressure was not manifest and that ample time should be allowed for investigation and consideration.

The meeting at Atlantic City did not appear to the Manitoba Executive to be a suitable occasion for effecting such a change, and accordingly the Manitoba representatives were instructed[8] to reserve approval of such action until the details could be considered. (Resolution May 27th, 1935, appendix). However, the matter was proceeded with, and at the Atlantic City Meeting, with an attendance of less than one-third of the General Council and thirteen non-members, a new [2]Constitution for the C.M.A. implementing the Federation Proposal, was adopted. At a later [9]date (Oct. 1935), a "Constitution and By-Laws" for the Provincial Divisions was "approved" by the C.M.A. Executive, and the further arrangements were placed in the hands of the [9]"Sub-Executive Committee."

An analysis of the Constitutions of the B.M.A., C.M.A. and the M.M.A., will help to show the degree to which the Federation Proposal meets the essentials of the views expressed by the M.M.A. on the subject, in its memorandum of October, 1934, to the C.M.A. Executive.

The Organization of the British Medical Association.[10]

The determination of policy and alteration of By-Laws of the B.M.A. are specified as functions of the Representative Body (Corresponding to the C.M.A. General Council). Important matters of policy are decided by a two-thirds vote and such decisions are recorded and published for the guidance of the profession. A quorum of the Representative Body requires the attendance of half the membership.

The members of the Representative Body are fully representative in that they are nominated and elected by the constituents of the body they represent, all the constituents must be consulted, the elected member must be instructed by his constituency, it is his duty to ascertain and express the views of those he represents, he must have a Deputy Representative to replace him at need and his official expenses are met out of the general fund.

The B.M.A. is thus a truly representative and federated voluntary association. The functions delegated to its administrative bodies are clearly defined, and the procedure adopted is calculated to insure the performance of them. The corresponding responsibility is maintained by specific and detailed provisions.

The Organization of the Canadian Medical Association.[11]

In general outline the C.M.A. appears to follow the organization of the B.M.A. But the Constitution and Procedure of the C.M.A. shows a marked difference from that of the B.M.A. in a number of important ways:—

The C.M.A. is also a voluntary association. It functions through a general council, an executive, and a staff of full or part time officials. The duties of the general council are "supervision of all properties and of all financial affairs of the Association" and to conduct all business and correspondence through its officers, and report upon the same once a year in the Journal. The responsibility of deciding the general policies of the C.M.A. is not assigned to the General Council by the constitution, nor is there any compilation of such decisions available as a guide.

The General Council is a large body of about one hundred and thirty (130) members. Apart from the regular delegates, the members of the Executive, the officials, and the chairmen of Standing and Special Committees appointed by the Executive, are members ex-officio and form about one-quarter of the Council.

In addition to the regular members of Council, representation has been supplemented by more or less accredited[12] delegates named to serve as councillors because they chanced to "attend" the Annual Meeting. Such temporary councillors[14] have averaged about twenty-five per cent. or more of those sitting during the past ten year, but in the case of Manitoba they have formed about thirty-seven per cent. of its representation.

The attendance of the General[12] Council at the Annual Meeting has averaged about one-third of the membership over a ten year period, the highest recorded in that time being forty-seven per cent., which is less than a quorum of the Representative Body of the B.M.A. There seems to be no limit to the term of membership and of those now listed as members, it appears that many have never attended a meeting of the Council.

Marked regional differences are evident in the attendances of both Council and Executive.[12] Dividing the Provinces as Maritime, Central and Western, the ratio of Council attendance has been as 6, 8, 6. In the case of the Executive the difference is more marked, the ratio being about 2, 6, 3, and several of the more remote provinces have had no executive representation whatever at more than half of the last ten Annual Meetings, while on the other hand, the Central Provinces have always been well represented.

The General Council is evidently too large a body, it meets too seldom, and is too casual in its attendance for it to be conversant with the affairs of the C.M.A. or to enable it to initiate and

sustain its policies. Such functions therefore devolve upon the Executive. This is clearly designed in Chap. VII, Sect. 4, and Chap. VIII, Sect. 1, of the Constitution.[11]

By these provisions the Executive Committee is assigned "all the rights and powers of the General Council" between the Annual Meetings.

> **"The Executive Committee may meet when and where it may determine." Special meetings shall be called by the Chairman on the written request of any three members and out of a total executive membership of seventeen. "Five members, exclusive of the Chairman, shall constitute a quorum for the transaction of business."**
>
> **"It shall conduct all necessary business."**
>
> **"It shall appoint chairmen of the Standing and Special Committees."**
>
> **"It shall appoint the General Secretary, the Editor, the Managing Editor, the Associate Secretaries, and any other appointive officers, and shall fix their salaries."**
>
> **"The Executive shall report to the General Council at the Annual Meeting, and at such other times as the Chairman of the General Council may request."**
>
> **"In case of vacancy in any office the Executive has power to appoint successors."**

It is the plain intent of these provisions that the authority vested in the General Council is to be delegated in full to the Executive Committee to facilitate the transaction of business. The Executive[11] consists of twenty members—of these, seven are members ex-officio, viz., the President, the President-Elect, the Chairman of the General Council, the Honorary Treasurer, the General-Secretary, the Editor and the Managing Editor. The rest of the membership is distributed geographically as follows:—three to each of the two provinces in which the offices of the Association are located (Ontario and Quebec) and one to each of the other provinces. This regional difference in the composition of the Executive Committee, is further accentuated by the arrangements governing nomination and election of its members at the General Council session. Of an executive[13] membership of sixteen for the whole of Canada, ten are from the cities of Toronto and Montreal at the present time. Of seven ex-officio members, three are salaried officials and at the same time full members of the Executive Committee, and concentration of power has been carried to such a degree that five members exclusive of the chairman, constitute a quorum of the Executive and three permanent officials may form a majority when the Executive Meeting consists of a bare quorum.[11]

Under the present Constitution of the C.M.A. formal authority is vested in the General Council. Theoretically, and under favorable conditions, the General Council might be regarded as a reasonably representative body but it delegates its powers in full to the Executive Committee and retains only the semblance of a supervisory control, which it exercises once a year. The Executive Committee which is thus endowed with power to administer the affairs of the C.M.A. and determine its general policies, is not fully representative of the membership of the Association in its composition. Further, the responsibility of the Executive to the Association members for the exercise of its powers, is indirect and through the medium of an annual report to the General Council described.

The Organization of the Manitoba Medical Association.[14]

The M.M.A. is in effect a federation of its district societies and the executive membership includes representatives of all the other organized medical bodies within the province. Even the organized Hospital Staffs are linked up as sections of district societies.

The Executive is responsible for the general policy of the Association, subject to review by the Annual General Meeting. It meets at frequent intervals throughout the year, and its official staff is entrusted with the carrying out of the policies adopted. The Executive has of its own accord placed a safeguard upon its decisions by establishing an Advisory Council, composed of the heads of the licensing, teaching and public health bodies, and the voluntary association. All important matters which concern the relations of the profession with the public or of organized medical bodies with each other, must receive the approval of this body, which thus serves a co-ordinating function.

The medical profession of Manitoba have in this way established, in accord with the principles of representative administration, a voluntary association representing every medical practitioner and organization in the province, and through this association the members of the profession can effectively harmonize their activities and give to the public authentic and carefully considered opinions upon matters within its sphere.

Consideration of the "Federation Proposal."

Under the Federation Proposal the Medical profession of Manitoba would be required to abandon the organization it has evolved, and merge its identity in another body under a constitution prepared in advance. This latter constitution is practically the same as the constitution of the C.M.A.

As to the effect of lowering the dues $2.00 annually, those who have been supporting the C.M.A. will no doubt continue to do so. But to those who have not thought it worth while, the C.M.A. can scarcely be "sold" by a reduction from ten dollars to eight. Any increase of membership for the C.M.A. so obtained would be of doubtful value, and any suggestion of pressure or compulsion would cause resentment and might easily make the provincial association smaller instead of making the C.M.A. bigger, so that the

net result for the former may be a loss. In any case lowering the fee does not require revision of the constitution or a federation movement.

Upon analysis, it is clear that the term "Federation" under which this proposal has been offered to the profession, is inaccurate. The change advocated is not federation at all in the true meaning of a co-ordinating treaty between independent bodies, what is specifically stated is that the M.M.A. shall *merge its identity* with the C.M.A. and accept whatever that may involve. The change is not one of federation but is towards a centralization that is lacking in representative quality. Under such arrangement too great responsibility is placed upon a few individuals whose contact with the general body of the profession is inadequate, and increased restriction of local autonomy and rigidity of the C.M.A. administration is to be expected.

It is not disparagement of its earnest and hard-working officials to say that the present organization of the C.M.A. does not provide an administration that is fully representative of, and responsible to its Branches, and that a thoroughly representative organization is essential to make the C.M.A. a truly influential body.

Recommendation of Committee re. "Federation Proposal":—

It is the view of your Committee that co-operation of Provincial Medical Associations through a central body, according to the principles suggested by the M.M.A. memorandum of October, 1934, is still desirable, but that these principles are not applied in the status of a "Division" of the C.M.A. under the "Federation Proposal."

Your Committee therefore recommends that action on the "Federation Proposal" be deferred.

All of which is respectfully submitted.

F. D. McKENTY, *Chairman.*

REFERENCES

1. Minutes of Annual Meeting of Manitoba Medical Association September, 1935—Published in Manitoba Medical Association Review, October, 1935.
2. Proceedings of the Annual Meeting of the Canadian Medical Association June, 1935.
3. Revised constitution of the Canadian Medical Association.
4. Report of the Committee on Federation of the Canadian Medical Association.
5. Address of retiring president of Canadian Medical Association, Dr. J. S. McEachern, June, 1935.
6. Letter to Manitoba Medical Association from the General Secretary of the Canadian Medical Association, June 28, 1934 (see appendix No. 1).
7. Memorandum from the Manitoba Medical Association on Revision of the Consitution of the Canadian Medical Association.—Published Manitoba Medical Association Review, November, 1934, reprinted in Manitoba Medical Association Review, April, 1935. (see appendix Nos. 2 and 3).
8. Instructions to Manitoba Member of the Council of the Canadian Medical Association at annual meeting June, 1935. Date May 27, 1935. (see appendix No. 4).
9. Report of meeting of Executive of Canadian Medical Association, C.M.A.J., February, 1936.
10. Handbook of British Medical Association.
11. Constitution and By-laws of Canadian Medical Association.
12. Reports of annual meetings of Canadian Medical Association for past ten years.
13. Executive Committee of Canadian Medical Association, 1936.
14. Constitution and By-laws of Manitoba Medical Association.

APPENDIX I.

Request from Canadian Medical Association for Suggestions Regarding Revision of By-Laws of the C.M.A.

CANADIAN MEDICAL ASSOCIATION

184 College Street,
Toronto 2, June 28th, 1934.

Doctor F. W. Jackson,
Manitoba Medical Association,
Medical Arts Building,
Winnipeg, Manitoba.

Dear Doctor Jackson:

Acting on the instructions of Council, the Executive Committee is undertaking a complete revision of the By-Laws of the Association during the coming year. The Committee would appreciate receiving from your Association, on or before October 30th next, any suggestions, opinions or observations which you desire to make for consideration. A copy of the present By-Laws, as now in print, is enclosed for your information.

It is earnestly desired that the By-Laws may, as far as possible, conform to the wishes of the members of the Association throughout Canada, and that they may be a guide by which the Association may be directed, in order to function most successfully for all concerned. All constructive suggestions will be very welcome. Please bear in mind that they will be doubly welcome if received before the end of October.

Yours faithfully,

(Signed) T. C. ROUTLEY,
General Secretary.

APPENDIX II.

Reply of M.M.A. to Letter from C.M.A. of June 28, 1934.

(The report of the Committee referred to follows the letter).

MANITOBA MEDICAL ASSOCIATION

October 27th, 1934.

To the Chairman of the Council of the
Canadian Medical Association.

Dear Sir:

The Manitoba Medical Association welcomes the opportunity to comment on the Constitution of the Canadian Medical Association, and to offer suggestions for its amendment. This matter was discussed exhaustively at a recent meeting of the Executive

of the Manitoba Medical Association, and a committee was struck to make general suggestions.

The report of that committee is herewith appended.

Yours truly,

Manitoba Medical Association,
(Signed) F. D. McKENTY,
Acting Chairman of Committee.

APPENDIX III.

Report of the Committee of the Manitoba Medical Association on the Constitution of the Canadian Medical Association, October 26th, 1934.

The personnel of this committee was as follows:

J. D. Adamson, M.R.C.P. (Ed.).
F. D. McKenty, F.R.C.S. (C.).
J. C. McMillan, F.R.C.S. (C.).
E. S. Moorhead, M.B., Ch.B. (Dub.), F.R.C.P. (C.).
W. W. Musgrove, M.D. (Man.).
W. Harvey Smith, M.D., C.M. (McG.), LL.D., Chairman.

"There is very good reason to believe that the integrity of the Canadian Medical Association has been threatened in recent years. The unanimity and cohesion that should form the backbone of a national organization seems to have become impaired. We believe that this tendency is to be deplored and feel that every effort should be made to consider it and to place the Canadian Medical Association in a strong position throughout the whole Dominion.

"The reasons for this tendency to disintegration are, no doubt, complex, and possibly have an intimate relation to general economic conditions. These conditions we cannot hope to influence. We can, however, make a close scrutiny of our own organization with the hope of discovering its defects and applying appropriate corrections. After such a scrutiny, we feel that the chief defect is that the contacts of the various provincial societies, with the parent body, are not as intimate nor as direct as they should be.

"The Executive Committee of the Canadian Medical Association has very wide powers. It can, according to the Constitution, assume all the functions of the Council. In spite of this, it has no direct contact with, or responsibility to, the various provincial bodies. Its members carry no mandate from their provinces and need not report to them. At various times, certain provinces have been entirely without representation on the Executive for several consecutive years. Such a condition must tend to produce a state of indifference or even antagonism to the activities of the Executive in the outlying provinces.

"The Council, as it is planned in the Constitution, is a thoroughly representative body; in practice it is not representative. Its members, so far as the Western Provinces are concerned, are usually those who can afford the time and money to attend the annual meeting, and not necessarily those who are best qualified to represent the provinces. The Council meetings consequently usually contain a large number of disinterested and irresponsible onlookers.

"We feel that the Canadian Medical Association should in effect be a federation of the various provincial associations, and in order to implement this plan we make the following suggestions:

"1. **The Council.** The Council should be much smaller and more representative. It might consist of two or three accredited representatives from each province. This body should direct the general policies of the Association. It could meet several times a year. Each provincial group would be expected to report the proceedings directly to its own Executive. This Council should directly control, and be responsible for, the activities of the Executive. The expenses of the members of the Council could be met by the Canadian Medical Association and the various provincial associations. The meetings of Council could be held at various places as occasion demands. Sectional or regional meetings might also be arranged, e.g., all the Maritime members of Council, together with the Secretary, President and Chairman of Council, might meet for a special reason.

"Such a plan would no doubt involve a greater expense than the present plan. This outlay would, we think, be justified as a definite contribution to the consolidation of the Association. It would not be necessary that every member of Council should attend each meeting. Whether or not they should go could be determined by the various provincial executives after considering the agenda.

"2. **The Executive.** The Executive should consist of a small centralized body whose function is to carry out the plans of the Council. It might be composed of the Secretary, Treasurer and Chairman of Council, together with the President and President-Elect as ex-officio members.

"3. **Annual General Business Meeting.** This should occupy one day before each annual meeting. This should be open to all members. Some subjects of general interest should be introduced and freely discussed.

"4. **Field Secretaries.** In order to further unify, it might be well for the Canadian Medical Association to have a Field Secretary in each province. He might be a part time Secretary, who would look after the interests of the Canadian Medical Association in the province (membership, etc.), and should be selected by the local Executive.

"5. **Branches or Divisions.** The various provincial organizations might be designated as divisions of the Canadian Medical Association, and the district societies might be called branches. All proceedings of the parent body could be passed to divisions and branches.

"These suggestions are intended to be remedial rather than radical. We submit them with a sincere interest in the future of the Canadian Medical Association, and with the hope for its perpetuation and strength."

APPENDIX IV.

Extract from the Minutes of the Meeting of the Executive of the Manitoba Medical Association, held on May 27th, 1935.

The following resolution was passed:

RESOLVED that the representatives of the Manitoba Medical Association to the Council of the Canadian Medical Association are hereby instructed that any proposed changes to the Constitution or By-Laws of the Canadian Medical Association that require the co-operation of the Provincial associations, should first be submitted in detail to the Provincial associations for their future consideration before agreeing to such changes.

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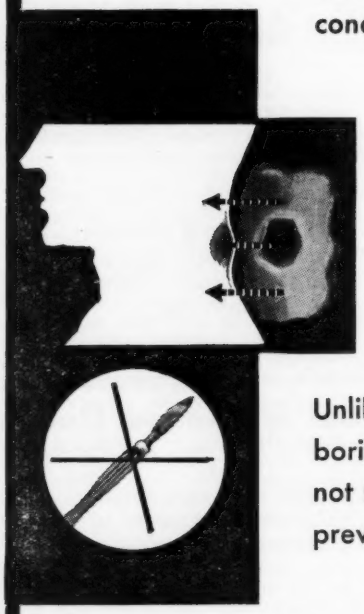

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NEWS ITEMS

REDUCTION OF DISABILITIES THROUGH PREVENTION

By

AMY L. HUNTER, M.D.

Supervisor, Bureau of Child Welfare
Wisconsin State Department of Health

The following is an article written by Dr. Hunter on "The Reduction of Disabilities Through Prevention."

Recently, on a train enroute to Chicago, my interest was caught and held by a group of children ranging in years from about six to sixteen—children with physical handicaps, deformities of spine and extremities, crippled children probably going from some institution to spend Christmas with their families. They were taking great delight in their ability to go from their seats to the water cooler. There was an expression of proud accomplishment when the journey was completed. One little fellow arrived only to find he was too short to reach the drinking cup, but his look of disappointment changed to a broad beam of pleasure when some one quickly came to his assistance. These children were having care and showed every indication of good nutrition, and were apparently happy.

How appealing is the crippled child. His very helplessness calls for response. Yet as I sat there watching those children in their triumphant march, I inwardly was appraising each little marcher. Was it necessary that each of those children should carry through life such a handicap as he was bearing so gallantly? Certain questions kept coming to my mind. Have we during the past years brought about any marked decrease in the number of crippled children? Have we any actual statistics to show this? What are the chief causes of disability? Has every effort been made to reduce these to the lowest number possible? There has been a generous response in request for funds for the handicapped. Has sufficient interest been directed to the prevention of disabilities? Has sufficient money been available for this phase of the problem? Have we anywhere nearly approached the minimum number of disabilities?

Perhaps we should first ask ourselves what constitutes disabilities. The first thing that comes to our minds is the physically crippled child. We can consider the child, for this is the age group among which any program of prevention must be instituted. At the same time we must always keep in mind that the life of the individual begins at the time of conception rather than at birth. We must direct attention to the early months of existence before birth. Statistics compiled for the White House Conference in 1930 show that there were approximately 300,000 crippled children in America. Can we close our eyes and in imagination watch the procession go by? The line would extend 340 miles if they were placed at six-foot interval, or, could they march, it would take the procession ten-and-a-half days, marching at four miles an hour, eight hours every day, to pass an observer. If they were marching four abreast, the line would extend from Milwaukee to Madison. Wisconsin has her share of crippled children. It is estimated that there are now in the state 9,000 such children who are under the age of twenty years.[1]

In addition to this there are other disabilities which result in definite handicaps. In the United States there are estimated to be 1,000,000 children with weak or damaged hearts, more than three times the number of crippled children.[2] So, our line extending from Milwaukee to Madison would have to be increased so that the children were sixteen abreast. These children need special care which can seldom be given except at public expense.

There are 342,000 children with sufficiently impaired hearing to be considerd handicapped, in addition to 18,000 who are totally deaf, and about eight times as many who have some impairment of hearing.[2]

We can not overlook the group of blind children—14,000 totally blind, and 50,000 partially so; or the group of mentally defective which approximates 450,000. There are other children too who need care, for at the time of the White House Conference when these figures were estimated, there were 200,000 delinquent and 500,000 dependent children needing care.[2]

These staggering figures cannot be considered without a realization of the financial impossibility of giving them all adequate care. If these 2,874,000 children were to be assembled in one city, it would have more than four-and-a-half times the population of Milwaukee. There are still other children we might bring in; those children with tuberculosis and those who were improperly nourished. Soon our city would have a population more than three times that of Chicago. Yet it is probable that even then we would not have assembled all the children needing care.

These figures make us realize how impossible it is to adequately handle this problem. It is evident that something must be done to prevent disabilities. Funds must more and more be diverted to activities that will reduce this tremendous number of handicapped individuals. Remember that the figures used have only included the children and not adults. The actual number of handicapped persons in the United States would be far greater than this. They must have our attention, and care, but at the same time, every effort must be spent to reduce the number so that the task will be less colossal.

We can not pass on to the other considerations until we turn our attention to the field of eugenics. If we could spread a knowledge of this great subject so that due consideration were given by every individual to the question of inheritance, we could reduce the number of handicapped individuals considerably. Surely the breeding of the human race should receive as much attention as the breeding and care of our cattle or other domestic animals. Long ago it was proved to be financially unsound not to give attention to the breeding of cattle and horses, and the knowledge necessary has become widely spread so that there is probably no farmer in even the most remote section of our country who does not have sufficient knowledge to prevent their breeding animals unless there is certainty of their being sound. Is it not far more important that the nation should have every opportunity to produce sound children, free from disability and consequently in a position to attain greater happiness and achievement?

In consideration of what might be done to prevent disabilities, it would be well to turn our attention to the 9,000 crippled children in Wisconsin who are under the age of twenty. These are the physically crippled, and they do not include children handicapped by heart lesions, blindness, deafness, or subnormal mentality.

Of the 9,000 children who belong in the crippled group, 61 percent received their handicaps as the result of disease. Almost half of this 61 percent were crippled by poliomyelitis (infantile paralysis). Tuberculosis of the bones, arthritis and rickets accounted for an appreciable portion of the remainder.[1] We

have not, up to the present, attained sufficient knowledge and understanding of the cause of infantile paralysis and its control, but the way is gradually opening up. In this country and abroad, doctors and scientists have been working for years on the problem. It is now generally accepted that infantile paralysis is a virus disease and that such disease usually results in a lasting immunity. Therefore, attention has been directed toward the production of a vaccine for its control.

Doctors and scientists have been working for years on the production of a vaccine which will protect against this disease. It is slow work. At times progress seems to be rapid, then again there are factors which come in which are difficult to control. In this work monkeys are used and vaccines have been produced which give apparent protection. Already numbers of children have been immunized but time only will tell how complete and how safe the protection given will be. It is not improbable that eventually a means of protection as simple as vaccination for smallpox and as reliable a measure will be found. Then the rare cases will develop only where individuals do not have the knowledge of the means of prevention or where they fail to co-operate for prevention. In the meantime we can do much to decrease the handicaps produced by this disease if it is recognized early and if parents are taught the necessity of proper rest and care, and the early treatment of the deformities which appear.

As for tuberculosis, we know that this is a preventable disease. It is a contagious disease and the causative organism is known. It is spread by contact. It is definitely a family disease. If tuberculosis was as spectacular a disease as diphtheria, it would have been brought under control long before this. Thirty or thirty-five years ago diphtheria was striking fear into the hearts of every community. When it occurred it spread like wild fire, many members of one family, especially the younger ones, dying within a few days' time. Deaths from tuberculosis should become as rare as deaths from diphtheria. We have several hundred crippled children, where disability is directly due to tuberculosis. These must be prevented.

Rickets, a deficiency disease responsible for crippling, is preventable by the administration of cod liver oil. This knowledge has been widely disseminated, yet more must be done to establish its use for all the infant and preschool children. Mothers recognize the bowed legs and back and chest deformities which they can see, but there is little thought given to deformity of bones such as those of the pelvis. In the boys this deformity results in no danger to life, but in girls who are later to become mothers, such deformity of the bones interferes with the normal proportions of the birth canal and is responsible for many difficult labors, resulting often in death for the mothers, or injury or death for the baby. Injury at birth accounts for 5% of our cripples in Wisconsin. To prevent these we must do everything possible to prevent pelvic deformities in early life. Later in life mothers must have adequate prenatal care, this to include careful pelvic measurements early in the first pregnancy, or before, to determine whether the birth canal is of proper proportions to allow for the passage of a head of a normal size at birth. Mothers must be assured adequate care at the time of delivery.

Congenital defects make up one-quarter of all our crippled children. This can not be entirely controlled for there is much yet that we do not understand, but attention to heredity will help to reduce this number. There is room here for research and study to help us to a better understanding of the problem.

Accidents cause many crippling defects, having been responsible for 8.5% of those cases on the Wisconsin records.[1] Many of these accidents might have been prevented. This question of accidents needs our attention for in every age group they are one of the ten chief causes of death. Though motor accidents are receiving a good deal of attention at the present time, we must not overlook the great number of accidents which occur in the home most of which could be prevented, as in almost every case carelessness is the cause.

We have not adequately touched on the large number of disabilities due to impaired hearing and impaired vision. By the simple procedure of requiring the use of silver nitrate at birth, a tremendous decrease has been brought about in cases of blindness. By control of colds and adequate care when they occur much deafness or impaired hearing could be prevented. In Wisconsin a study recently made showed that deafness occurred much more frequently in those individuals who had had middle ear infection, and these are almost always associated with upper respiratory infection, or those infectious diseases, as measles and scarlet fever which attack the upper respiratory tract.

Cardiac cases may be congenital, but the largest number follow infectious diseases such as rheumatic fever and scarlet fever. For prevention we must be alert to any suggestion of disorder and give adequate care. After predisposing diseases, long periods of bed rest and special care will markedly reduce heart complications. Good general health must be attained, periodic health examinations must become a matter of course for all individuals whether children or adults.

The use of convalescent serums and immunization for measles and scarlet fever are rapidly gaining in favor. The immunizing substances are being perfected and better results are being obtained. Here is another means at our disposal to prevent ear trouble and cardiac defects.

We must increase the understanding of the need for prevention by an intensive educational campaign. It is quite apparent that we can never provide adequate care for all our disabled. We must do the best we can to lighten their burden. We must correct as many handicaps as possible. At the same time we must never lose sight of the tremendous need for bringing about a reduction in the number of handicapped individuals. Every effort for the control of disabling defects must receive our support. We must each through our efforts wholeheartedly enter on a campaign for spreading an increased knowledge of eugenics; the need of prenatal care, and adequate obstetrical care; the prevention of disease so far as is possible, and adequate treatment of disease when it occurs, and to the reduction of accidents.

The challenge is tremendous. The possibilities of accomplishment are infinite.

(1) Report of the Crippled Children Division. Wisconsin Department of Public Instruction, for the fiscal year ending June 30, 1935.

(2) White House Conference, 1930. Adresses and Abstracts of Committee Reports.

COMMUNICABLE DISEASES REPORTED
Urban and Rural - April, 1936.

Occurring in the Municipalities of:

Measles: Total 916—Winnipeg 526, St. Boniface 52, Flin Flon 45, St. Vital 34, Portage City 21, Unorganized 18, Rockwood 16, Hamiota Rural 7, St. James 5, Assiniboia 3, Kildonan East 3, Kildonan West 3, Roland 3, Cartier 2, Fort Garry 2, La Broquerie 2, Rosedale 2, Transcona 2, Whitemouth 2, Gladstone 1, Macdonald 1, Morris Rural 1, Silver Creek 1, Springfield 1, Strathclair 1, St. Clements 1, St. Paul West 1, Westbourne 1, Late Reported: January, Westbourne 1, February, Unorganized 1, March, Flin Flon 124, St. Boniface 11, St. James 6, Unorganized 4, Portage Rural 3, Macdonald 2, Kildonan East 2, Fort Garry 2, Dufferin 1, Kildonan West 1, Transcona 1.

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Scarlet Fever: Total 205—Winnipeg 142, Morden 9, St. Vital 9, St. Boniface 7, Unorganized 7, Rhineland 3, Dauphin Rural 2, Kildonan East 2, Stanley 2, Argyle 1, Assiniboia 1, Carman 1, Elton 1, Morris Rural 1, Piney 1, Plum Coulee 1, Stonewall 1, Strathclair 1, St. Francois Xavier 1, St. James 1, St. Paul East 1, Tuxedo 1, Late Reported: March, Kildonan West 2, Tuxedo 2, Ethelbert 1, Macdonald 1, Morden 1, Roland 1, Stanley 1.

German Measles: Total 104—Selkirk 28, Brooklands 16, St. James 15, Brandon 14, Unorganized 14, Lawrence 3, Louise 3, Macdonald 3, La Broquerie 2, Rockwood 1, Tache 1, Woodlands 1, Late Reported: February, Dauphin Town 1, March, Carman 2.

Mumps: Total 70—Winnipeg 41, Kildonan East 6, Dauphin Town 5, Unorganized 4, St. Boniface 2, St. James 2, Brandon 1, Gilbert Plains Rural 1, Gladstone 1, Roland 1, Russell Town 1, Late Reported: March, Norfolk South 3, Roland 2.

Chickenpox: Total 68—Winnipeg 22, St. Boniface 20, St. Vital 7, Unorganized 7, Tuxedo 4, St. James 3, Transcona 2, Brandon 1, Brooklands 1, Springfield 1.

Tuberculosis: Total 52—Winnipeg 9, Selkirk 6, Minnedosa 3, Portage City 3, Unorganized 3, Flin Flon 2, St. Andrews 2, Birtle Town 1, Dauphin Rural 1, Dauphin Town 1, Eriksdale 1, Glenella 1, Grandview Town 1, Kildonan East 1, Kildonan West 1, Lac du Bonnet 1, Lawrence 1, Lorne 1, Morton 1, Neepawa 1, Portage Rural 1, Rossburn Rural 1, Shell River 1, Springfield 1, St. Boniface 1, St. Clements 1, St. James 1, St. Vital 1, The Pas 1, Turtle Mountain 1, Winnipegosis 1.

Influenza: Total 30—Late Reported: January, Franklin 2, Hamiota Village 1, Mossey River 1, Oakland 1, Ritchot 1, Silver Creek 1, Unorganized 1, February, Selkirk 2, Norfolk South 2, Charleswood 1, Edward 1, Elton 1, Grandview Town 1, Gretna 1, Lorne 1, Neepawa 1, Odanah 1, Pipestone 1, Rhineland 1, Silver Creek 1, Springfield 1, Stanley 1, St. Boniface 1, St. Paul West 1, Unorganized 1, Victoria 1, Woodlands 1.

Typhoid Fever: Total 16—Hanover 3, Siglunes 3, De Salaberry 1, Manitou 1, Late Reported: January, Hanover 2, February, Siglunes 1, March, Cartier 1, Lorne 1, Manitou 1, Pembina 1, Unorganized 1.

Erysipelas: Total 15—Winnipeg 6, St. Boniface 2, Argyle 1, Blanchard 1, Lorne 1, Norfolk North 1, Ste. Anne 1, St. James 1, St. Paul West 1.

Whooping Cough: Total 14—Winnipeg 6, Strathclair 5, St. James 1, Late Reported: January, Unorganized 1, March, St. James 1.

Septic Sore Throat: Total 9—Brandon 1, Grandview Town 1, The Pas 1, Late Reported: March, Grandview Rural 4, Grandview Town 2.

Diphtheria: Total 5—Winnipeg 4, Swan River Rural 1.

Diphtheria Carriers: Total 2—Rosser 2.

Undulant Fever: Total 1—Winnipeg 1.

Venereal Disease Report: Total 125—Gonorrhoea 77, Syphilis 48.

DEATHS FROM ALL CAUSES IN MANITOBA
For the Month of April, 1936.

URBAN—Cancer 30, Tuberculosis 17, Pneumonia14, Influenza 8, Measles 4, Scarlet Fever 4, Puerperal Septicaemia 3, Erysipelas 3, Syphilis 3, Diphtheria 1, German Measles 1, all others under 1 year 4, all other causes 171, Stillbirths 9. Total 272.

RURAL—Pneumonia 34, Cancer 26, Influenza 23, Tuberculosis 22, Whooping Cough 5, Diphtheria 2, Measles 2, Typhoid Fever 2, Lethargic Encephalitis 1, Syphilis 1, Infantile Paralysis 1, all others under 1 year 5, all other causes 216, Stillbirths 18. Total 358.

INDIAN—Tuberculosis 10, Influenza 5, Pneumonia 2, Whooping Cough 2, Measles 1, all other causes 9, Stillbirths 1. Total 30.

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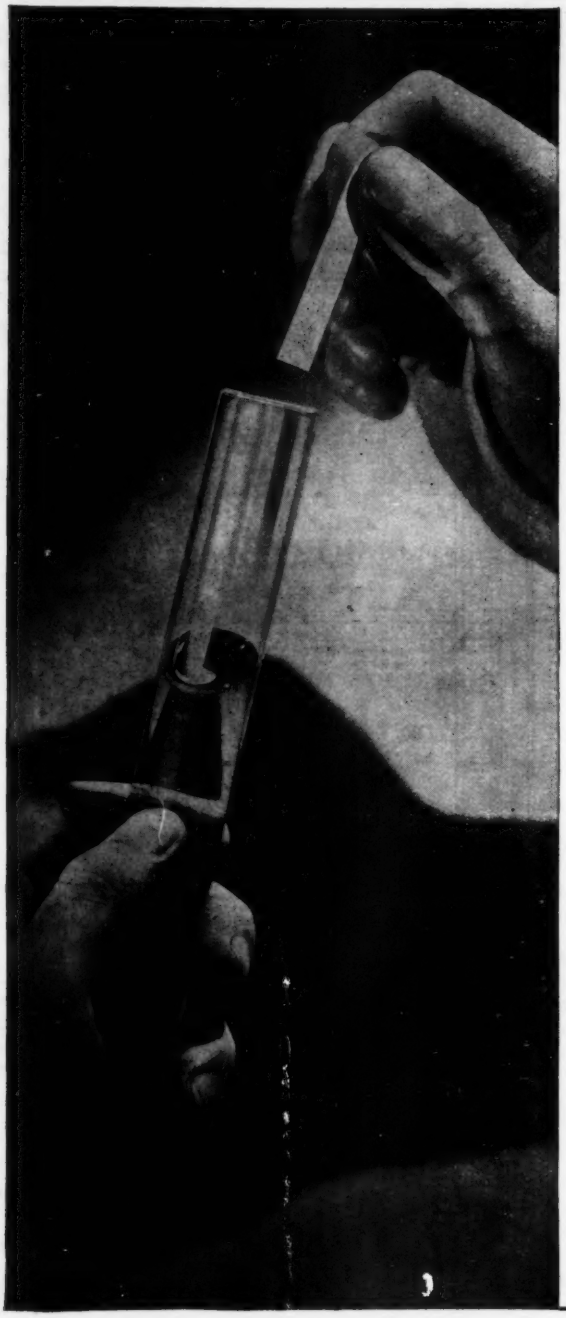

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Clinical Section

Major Trigeminal Neuralgia or Tic Douloureux

By

OLIVER S. WAUGH, M.D., C.M. (McG.)
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Associate Professor of Surgery
University of Manitoba

AETIOLOGY

Facial neuralgias have been recognised for several hundreds of years. As early as the thirteenth century Bishop Button's Tomb in Wells Cathedral, England, became a shrine for those suffering from this affliction to visit, in the hope of receiving relief.

At the present time these neuralgias have been classified under their various aetiological heads, but the cause of trigeminal neuralgia or tic douloureux still remains a mystery. Many theories have been advanced, but the fact remains that no pathological changes have been found in the fifth nerve, the Gasserian ganglion, or the nerve nuceli, within the brain stem, to account for the symptoms. Sex apparently plays no part, and although it occurs chiefly in those over 50 years of age, it also occurs in the second and third decades.

The glossopharangeal nerve is the only other nerve in the body that can produce similar symptoms. Both of these nerves supply the oral cavity, and this may signify that the nerve endings are the original source of the stimulus that produces such disastrous effects. This may be even more significant when one realises that tic douloureux almost invariably starts either in the mandibular or maxillary division of the fifth nerve, the supraorbital, when involved, only entering the picture secondarily.

SYMPTOMS AND DIAGNOSIS

Major tic is characterised by a sudden onset of a paroxymal stabbing, lancimating tearing pain, over the distribution of the maxillary or mandibular division of the fifth nerve, more frequently on the right side. When well established, the pain is one of the most agonising that a human being is called upon to suffer. The duration of the pain is usually only a minute or two, but while it lasts, the afflicted one holds his head with his hands, and remains motionless until it has passed off, when he is again perfectly well, but apprehensive of another attack.

The radiation of the pain is parallel to the direction of the distribution of the main branches of the nerves, and is confined entirely to the area supplied by this nerve. As time passes, two or even three branches may become involved. Therefore, facial pain, due to trigeminal neuralgia must have a distribution in the skin of one side of the face, lips, nose or forehead, up to, but never across the mid-line, and unilaterally in the tongue, and buccal mucous membranes.

This type of recurring attacks of pain may continue for days or weeks; an attack coming frequently during the daytime, but seldom waking the patient when they are finally able to get to sleep. The precipitating cause of an attack may be a cold draught, sneezing, talking, eating or touching one of "The Trigger Points," which are small areas usually at the corner of the mouth, over the chin, side of the nares, or at the outer angle of the eye. They are called trigger points, because if one of these areas is touched, or rubbed, an attack is immediately precipitated. Frequently during the period of attacks these patients are afraid to eat or drink, and often talk with the jaws clamped together for fear of bringing on an attack.

After a period of days or weeks the attacks may stop as suddenly as they started, and the patient may remain entirely free of them for many months, but they invariably recur.

With the recurrences the periods of freedom become shorter, and in long standing cases the attacks may be continuous, with no remissions.

As a result of the inability to take food without aggravating the attacks, elderly people become very much emaciated and weakened.

I will not discuss the various atypical facial neuralgias, and their differential diagnosis, as this would be too time consuming, but a quotation from Frazier, who wrote a classical description of these conditions will, at least, give some idea of the difference between the typical or major trigeminal neuralgia, and the atypical neuralgias.

Frazier says of atypical neuralgia:—"The pain is not referred to the peripheral distribution of the nerve, I.E., not to the lips, chin, ala of the nose, rather to the cheek, temple, orbit, in front of, or behind the ears, and occasionally to the jaws. The pain does not radiate along the course of one or other nerve tract, it seems unrelated to any anatomic distribution. It will jump across from one zone of the three divisions to another, but never to the periphery. The pain extends beyond the trigeminal territory, behind the ear, to the submaxillary region, to the shoulder and arm. In the majority of cases the pain is described as drawing or pulling. The thought of pressure disturbance seems dominant, the tissue of the region feels as though under tension; or the pain may be described as burning, an ache, sometimes boring or throbbing, rather than cutting, stabbing or tearing. It is almost always seated deep in the orbit, deep in the cheek or temple, not superficial, or terminal. What is

particularly noteworthy is, that it is constant, and not intermittent or paroxysimal, though varying in its intensity. It is relieved by opium, and is often as bad by night as by day."

It is important to recognise true tic from the atypical case. This may be difficult at times, on clinical grounds, but blocking the trigeminal pathways by alchohol injection of the suspected branch or branches involved will always give immediate relief to trigeminal neuralgia, whereas the atypical case remains unaffected. Unfortunate, indeed, is the surgeon who sections the sensory root of the 5th nerve, to find that he still has under his care a patient who is not relieved of his neuralgia.

TREATMENT

There is only one effective treatment of trigeminal neuralgia, and that is blocking of the nerve in some part of its course. Sedatives have no effect on the pain, therefore these people seldom become drug addicts.

Inhalations of trichlorethylene or chloralone, which is supposed to have a selective paralysing effect on the 5th nerve has been reported to give relief in about 10 to 15% of patients, but in my hands it has not proved effective.

There are two methods of blocking the pathway of the 5th nerve. (1) By alchohol injection of the branch or branches involved, or (2) By section of the sensory root, proximal to the Gasserian ganglion.

Injection at the supraorbital, infraorbital, or mental foramina is unsatisfactory, and the relief obtained is usually of short duration. The injection commonly used is done by introducing a needle below the zygoma (at a depth of about 5 cm.) into the pterygoid fossa, where the nerve is located. The assistance of the patient in indicating when the typical pain is felt is of great value in doing the injection. Following a satisfactory injection there is complete anesthesia over the distribution of the injected branch. Needless to say this injection must be done with a conscious patient, as good co-operation is necessary to ensure the operator locating the nerve. Such an injection gives complete relief from pain for a period of from 8 to 14 months, and may be repeated many times.

It is preferable to inject most patients once, not only from a diagnostic point of view, but because it demonstrates to the patient the permanent loss of sensation that will be produced by nerve section at a later date.

Another valuable indication for injection treatment is the debilitated patient, who is a poor operative risk. No case should suffer this complaint because they are unable to stand an operation. Any such case can be relieved by injection.

Operative treatment is limited to two procedures. (1) Section of the sensory root, after exposing the Gasserian ganglion in Meckel's Cave, the approach being made extraduraly through the middle fossa. (2) Section of the 5th nerve, close to the brain stem, the approach being made through the posterior fossa by elevating the cerebellar lobe.

The former is the approach generally chosen, and the only one about which I wish to speak. At this site one can roughly divide the sensory route into thirds, each third corresponding to one of the divisions of the 5th nerve. The lateral third representing the mandibular division, the middle third the maxillary division and the medial third the supraorbital division. It is thus evident that one can do a differential section. The importance of this, is, that sensation to the cornea is supplied through the supraorbital branch, and as this branch is rarely involved in trigeminal neuralgia, section of the outer two thirds of the sensory root is all that is required to cure the patient, and he is left with a normal eye. Loss of sensation to the cornea is an inconvenience, sufficiently troublesome to be avoided if possible.

Situated immediately behind, and actually running in a grove in the posterior surface of the sensory root, is the motor root, which is easily distinguished, separated, and preserved at operation. As the motor root supplies the muscles of mastication, it is important to save it.

RESULTS OF OPERATIVE TREATMENT

The sensory root proximal to the ganglion is non medulated, therefore section of any part of it is not followed by regeneration. The effect is permanent.

Recurrence of the neuralgia in the supraobital branch after section of the sensory root supplying the two inferior divisions, practically never occurs, providing this branch was not involved before operation.

Trigeminal neuralgia is occasionally bilateral, and can be cured by operation on each side, in two stages, just as completely as if it were unilateral.

The mortality from this operation is extremely low, in spite of the fact that most of these cases are over 50 years of age. A mortality of 2 to 3% is a generous estimate. Several series of over a hundred cases are reported without a death.

One post-operative complication should be mentioned for although only temporary, and therefore not serious, it may be very distressing while it lasts. Facial paralysis of the involved side occurs in about 4 or 5% of cases, and is caused by undue retraction in a difficult exposure. After several weeks or months, it clears up entirely.

The post-operative stay in hospital is usually from 10 to 14 days.

Hypoglycaemia: A Review

By

CHARLES H. A. WALTON, M.Sc., M.D. (Man.)

Hypoglycaemia is the name given to that clinical state characterized by an abnormally low sugar content of the blood. Low blood sugars have been observed frequently in experimental animals since Claude Bernard's work as far back as 1849. They have also been observed in rare clinical cases as early as 1909 by Porges and by Cushing in two cases of pituitary tumour in 1912. However symptoms were not associated with the condition until 1921 when Mann demonstrated that when the blood sugar of the dog was markedly lowered, by extirpation of the liver, a definite train of symptoms were produced which were promptly, though temporarily, relieved by administration of sugar. He naturally concluded that the symptoms were due to the abnormally low blood sugar level.

A similar train of symptoms were found when Banting and his associates first administered insulin to humans in 1922. They found that the insulin caused the blood sugar to drop, often to very low levels and that this drop always caused certain nervous symptoms which were promptly relieved by sugar. That is insulin shock was really artificial hypoglycaemia.

In 1923 Harris first suggested that it was possible that hypoglycaemia could occur spontaneously due to overactivity of the pancreas, that is that hyperinsulinism was theoretically as possible as hypoinsulinism, or diabetes. In 1924 he reported several cases which presented symptoms of irritability of the nervous system and which were associated with abnormally low blood sugars and which were promptly relieved by sugar or carbohydrate administration.

Thus spontaneous hypoglycaemia, as a clinical entity, really dates back to 1924. Since that date the subject has become prominent and a large number of cases have been reported. In 1927 Wilder reported the first case with a pathological basis — namely a carcinoma of islet cell tissue with secondaries in the liver. In 1929 the first surgical cure was reported by Graham who removed a benign adenoma of the pancreas. This adenoma consisted almost entirely of islet tissue and contained insulin. There are now a large number of reported cases which have responded to dietary measures and there have been twenty-two cases reported in which tumours of islet tissue were found and removed with complete relief of symptoms. There have also been ten cases reported in which these tumours have been found at autopsy following death with hypoglycaemic symptoms. A further sixteen cases have been operated upon in which no tumour or evidence of hyperplasia have been found. Partial resection gave relief in five of these.

POSSIBLE CAUSES OF HYPOGLYCAEMIA

The syndrome may be produced by a number of different conditions. Firstly, and most commonly, it is caused by an excess of insulin, either from over-dosage or from over production by the pancreas. It has been shown repeatedly that overproduction can occur when there is an excess of islet tissue as in an adenoma or hyperplasia or when there is no apparent change in the pancreas. Hyperinsulinism without demonstrable change in the pancreas is probably more common than generally suspected.

Hypoclycaemia can also occur when there is a lack of the so-called opposing secretions of other endocrine glands. It has been reported in Addison's disease, in Myxoedema and in anterior lobe tumours of the pituitary and in acromegally.

Thirdly the blood sugar may be lowered when the normal glycogen reserves are depleted. That great glycogen reservoir, the liver, may be destroyed by carcinoma, etc. There may be gross wasting of the musculature as in the dystrophies and finally the glycogen reserves may be depleted by over exertion as has been found in marathon runners who collapsed at the end of a long race, by renal glycosuria, lactation and starvation.

Finally the condition may be caused by some interference with the sugar regulating center of the region of the fourth ventricle or by over activity of the vagus. These are, of course, hypothetical.

SYMPTOMS

Symptoms vary tremendously but practically all are nervous manifestations. Usually but one part of the nervous system is preponderately affected, in any one case. There may be and usually are general symptoms such as headache and fatigue. Often the symptoms are all autonomic such as flushes, sweating, cold, pallor, dim vision, palpitation, salivation, sudden variation in the blood pressure and maybe collapse. Symptoms of the central nervous system include any of the following: double vision, nystagmus, unequal pupils, disorders of speech, aphasia, transient paralyses, motor irritability with a positive Babinski sign, convulsions which may resemble epilepsy, tremor, twitchings, grimacing gesticulations, etc.

Psychic manifestations are frequently present. Hallucinations and delusions are not uncommon. Behaviour may be almost maniacal or suggestive of acute alcoholism or there may be only slight anxiety and apprehension. A common characteristic is complete loss of memory of the details of the attack.

The main gastro-intestinal symptom is hunger but this is not always present and lack of appetite with nausea and even vomiting is not uncommon. Tachycardia and extra-systoles are frequent and if previous myocardial disease exists angina pectoris may occur.

To sum up, the symptoms may vary from a vague feeling of anxiety with some flushing or sweating and hunger to extreme symptoms with mania, convulsions and coma. The symptoms are preponderately those of irritability of the nervous system and may simulate many other disorders of that system.

DIAGNOSIS

The time of onset of the attacks is the most useful diagnostic criterion. If they develop early in the morning or before a meal and there is almost instant relief after food a blood sugar estimation is indicated, during the attack. Or a prolonged sugar tolerance test may be done. Even if the symptoms are very mild this food relationship is most important. Many diseases of the central nervous system have been simulated by hypoglycaemia and the following interesting examples are taken from the literature; cerebral vascular disease; cerebral tumour; encephalitis; epilepsy; various psychoses such as mania obsessions, melancholia, confusional violence and even hysteria and neurasthenia. Sometimes intoxication with alcohol or narcotics is simulated.

TREATMENT

During the attack, glucose by any available route is indicated and it will always abort the attack except in a few terminal cases. Adrenalin is only useful if the glycogen reserves are intact. Prevention of attacks in the milder cases can be obtained by means of frequent small carbohydrate meals. Sometimes mild morning attacks can be prevented by a glass of orange juice during the night.

Even severe cases can usually be managed by frequent carbohydrate feedings, although in this connection it is worth remarking on the case which was reported of a woman who gained 100 pounds weight in a few months on such a regime. Harris suggests that mild cases should be treated with low carbohydrate diets so that there will be a minimum stimulation of the pancreas and this seems to be a useful procedure. However, persistent and increasing symptoms may demand surgical intervention. The pancreas has been explored in many cases now and adenomata have been removed with resulting cure. The mortality rate of pancreatic explorations, in good surgical hands, has been remarkably low. (Note; a case of surgical cure by the removal of an adenoma of pancreatic islet tissue is being reported from the Winnipeg General Hospital in the Canadian Medical Association Journal).

The literature on Hypoglycaemia is quite extensive. The subject is very thoroughly reviewed by Harris (1), Wauchope (2) and Whipple et al. (3).

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2. Wauhope, G. M. Hypoglycaemia; Quart. J. Med. 1933; 2, 117-156.
3. Whipple et al. Adenoma of islet cells with hyperinsulinism—a review; Annals of Surg. 1935, 101, 1299-1385.

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ANAHÆMIN B.D.H.

The active haematopoietic liver-principle described by Dakin and West

The haematopoietic activity of Anahaemin B.D.H. is considerably greater than that of any previously-described preparation of liver, and is such that maximal effects are produced and maintained by the injection of smaller doses than have been found effective with any other substance. Evidence to this effect was furnished in the report of the clinical trials arranged by the Medical Research Council, London, England ("Lancet," February 15, 1936, p. 349). One injection of 2 c.c. of a solution containing 100 m.g.m. of Anahaemin B.D.H. per c.c. produced an immediate reticulocyte response, followed by a striking increase in the number of red blood corpuscles which was maintained for a period of over 30 days.

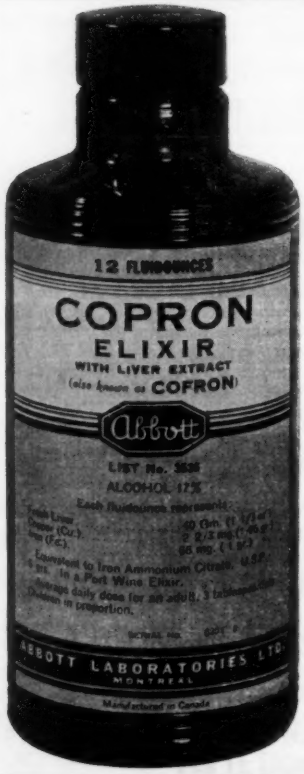
Thus by the use of Anahaemin pernicious anaemia can be treated successfully with the minimum of inconvenience and expense.

Further particulars will be gladly supplied by

The British Drug Houses (Canada) Ltd.

Terminal Warehouse **TORONTO 2, ONT.**

An/Can/367



COPRON
ELIXIR

— LIVER EXTRACT

Liver extract contains a certain factor which is effective in correcting anemia because it is essential to the production of mature red blood corpuscles. This factor also causes a prompt increase in red cells by supplying something essential to their structure.

— IRON

The chief constituent of hemoglobin is iron. Therefore iron is necessary in the treatment of anemias. The reason for the former uncertainty of results is that iron cannot be utilized for hemoglobin formation unless a certain metabolic activator is present.

— COPPER

This element is most effective as a metabolic activator. It has been found that iron and copper should be present in a definite ratio for them to be fully effective in the formation of hemoglobin. This ratio is 1 part copper to 25 parts of iron—the ratio in which they occur in ABBOTT'S COPRON ELIXIR.

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